|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Note: After completing the application, save the file and add the applicant name to the end of the file name. | | | | | | | | |
| 1. Name of Region & Region Number: | | | | | | | **Grant Funding Cycle:** | |
|  | | | | | | | July-Sept  Jan-Mar  Oct-Dec  Apr-June | |
| 2. Name of Applicant (if other than the Region): | | | | | | | **# of Members in Region:** | |
|  | | | | | | |  | |
| 3. Name of Contact Person #1: | | **Email Address:** | | | | | **Phone Number:** | |
|  | |  | | | | |  | |
| Name of Contact Person #2: | | **Email Address:** | | | | | **Phone Number:** | |
|  | |  | | | | |  | |
| 4. Name & Address where award check should be mailed: | | | | | | | | |
|  | | | | | | | | |
| 5. Grant Description: | | | | | | | | |
|  | | | | | | | | |
| A. Purpose and goals of event. | | | | | | | | |
|  | | | | | | | | |
| B. Intended audience. | | | | | | | | |
|  | | | | | | | | |
| C. Outline of Program, presentation and/or event. | | | | | | | | |
|  | | | | | | | | |
| D. Relevant information on presenters. | | | | | | | | |
|  | | | | | | | | |
| E. What are the anticipated results or benefits of the event? | | | | | | | | |
|  | | | | | | | | |
| 6. Detailed estimate of the cost of this event. | | | | | | | | |
| A. Costs related to the team and presenters: | | | | | | | | |
| If Applicable | # Team Members | Cost Per | | | Amount | Notes | | |
| Travel |  |  | | | $ |  | | |
| Lodging |  |  | | | **$** |  | | |
| Meals |  |  | | | **$** |  | | |
| Supplies |  |  | | | **$** |  | | |
| Stipends\*\* |  |  | | | $ |  | | |
| Other (list detail) |  |  | | | $ |  | | |
|  |  |  | | | $ |  | | |
|  |  |  | | | $ |  | | |
| TOTAL COST FOR PRESENTERS | | | | | $ |  | | |
|  | | | | | | | | |
| B. Costs related to attendees: | | | | | | | | |
| If Applicable | # Attendees | Cost Per | | | Amount | Notes | | |
| Travel |  |  | | | $ |  | | |
| Lodging |  |  | | | $ |  | | |
| Meals |  |  | | | $ |  | | |
| Supplies |  |  | | | $ |  | | |
| Stipends\*\* |  |  | | | $ |  | | |
| Other (list detail) |  |  | | | $ |  | | |
|  |  |  | | | $ |  | | |
|  |  |  | | | $ |  | | |
|  |  |  | | | $ |  | | |
| TOTAL COSTS FOR ATTENDEES | | | | | $ |  | | |
|  | | | | | | | | |
| A + B = TOTAL COST OF EVENT | | | | $ | |  | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| \*\* The DSFF considers a stipend to be a monetary gift *over and above* the amount given to cover a person’s expenses. Examples of a stipend would be (1) a gift of money that should always be given to a Spiritual Assistant and other persons who provide services at an event, or (2) a “speaker’s fee” that a presenter might expect.  Note: Reasonable costs for travel, lodging and meals for OFS members, Spiritual Assistants and others, who fulfill a particular function at an event, should always be covered. | | | | | | | | |
|  | | | | |  | | | |
| 7. Financial Information | | | | |  | | | |
| Amount to be contributed by Attendees | | | | | $ |  | | |
| Amount to be contributed by Region | | | | | $ |  | | |
| Amount to be contributed by Local Fraternities | | | | | $ |  | | |
| Amount requested from DSFF | | | | | $ |  | | |
| Total Cost of Event (must be same as #6 above) | | | | |  |  | | |
| 8. Within 90 days after the completion of the event, DSFF requires a written summary of the outcomes, including a detailed financial report. | | | | | | | | |
|  | | | | |  | | | |
| 9.  X | | | | | **X** | | | |
| Regional Minister Signature | | | Date | | Formation Director Signature | | | Date |
| X | | | | | **X** | | | |
| Applicant Signature (if applicable) | | | Date | |  | | | Date |