|  |  |  |
| --- | --- | --- |
| 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:** |
|  | | Jan-Mar  Apr-June  July-Sept  Oct-Dec |
| 2. Name of Applicant (if other than the Region): | | **# of Members in Region:** |
|  | |  |
| 3. Applicant Contact Person #1: | **Email Address:** | **Phone Number:** |
|  |  |  |
| Applicant 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. Round amounts to the nearest dollar. | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Costs related to the team and presenters (See Notes below): | | | | | | | | | |
| If Applicable | # Team Members | Cost Per | | Amount | | | | Notes | |
| Travel |  |  | | $ | |  | |  | |
| Lodging |  |  | | $ | |  | |  | |
| Meals |  |  | | $ | |  | |  | |
| Supplies |  |  | | $ | |  | |  | |
| Stipends |  |  | | $ | |  | |  | |
| Speaker(s) fee(s) |  |  | | $ | |  | |  | |
| Other (list detail) |  |  | | $ | |  | |  | |
|  |  |  | | $ | |  | |  | |
| TOTAL COST FOR PRESENTERS | | | | $ | |  | |  | |
|  | | | | | | | | | |
| B. Costs related to attendees: (See Notes below): | | | | | | | | | |
| 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 | | | $ | | |  | |  | |
|  | | | | | | | | | |
| Notes:   1. 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 and are eligible expenses for a DSFF grant. 2. Stipends are monetary gifts *over and above* the amount given to cover a person’s expenses and should always be given to a Spiritual Assistant and other persons who provide services at an event. However, stipends are not covered expenses for DSFF grants. 3. A speaker’s fee, distinguished from a stipend is an expense eligible for a DSFF grant. 4. Expenses for supplies are not eligible for DSFF grant funding. | | | | | | | | | |
|  | | | | |  | | | | |
| |  |  | | --- | --- | | 7. Has this project received funding from any other source? YES  NO  If YES, please indicate the source and amount of funding received, below. | | | Source | Amount | |  | $ | |  | $ | | | | | | | | | | |
| 8. Financial Information Summary | | | | |  | | | | |
| Amount to be contributed by Attendees | | | | | $ | |  | |  |
| Amount to be contributed by Region | | | | | $ | |  | | Note: The region’s usual contribution is fifty percent of the total expenses. |
| Amount to be contributed by Local Fraternities | | | | | $ | |  | |  |
| Amount to be contributed by Other Sources | | | | | $ | |  | |  |
| Amount requested from DSFF | | | | | $ | |  | |  |
| TOTAL COST OF EVENT  (must be same as TOTAL in #6 above) | | | | | **$** | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 9. ACKNOWLEDGMENT | | | |
| I acknowledge that within 60 days after the completion of the event, DSFF requires  a written report of the outcomes, including a detailed financial report.  By checking this box, I agree to comply | | | |
| 10. SIGNATURES | | | |
| X | | **X** | |
| Regional Minister Signature | **Date** | **Formation Director Signature** | **Date** |
| X | | **X** | |
| Applicant Signature (if applicable) | **Date** |  | **Date** |