

FUNDING REQUEST

LOHN EDUCATIONAL ENRICHMENT FOUNDATION (LEEF)

DATE: _____ Requesting Entity _____

Contact Information: _____

1. Intended Use of Funds: _____

_____.

2. In what way will this request enhance the educational process and cognitive learning? Or Expected results? _____

3. Is this request a single request or is it part of a much larger plan? Yes ____ No ____

Possibly _____. Explain further if necessary: _____

4. Project cost of the request is \$_____.

5. Have all alternatives to this request been evaluated? Yes ____ No ____

6. How many students/participants will be affected by this request? Annually _____

7. Are facilities and other resources available to facilitate this request? Yes ____ Not currently ____

8. Will other resources be requested to facilitate this request? Yes ____ No ____

9. What is the expected timeline to completion of this request if approved? _____

30 days ____ 60 days ____ 90 days ____ If greater than 90 days- how long? _____

10. If approved, do you have the resources to sustain this request? Yes ____ No ____ If Not what is missing? _____

11. Do you have a source for matching funds? Yes ____ No ____

12. Is there a plan and strategy in place for implementing the outcomes of this request? Yes ____
No ____

13. Have you assessed your risks and liabilities based on the possibility of being approved for this request? Yes ____ No ____ No known risk ____

Please attach any pertinent information that you might think helpful in our reviewing this request.

Submitted by: _____ **Title:** _____

Phone: cell _____ **office:** _____

Email address: _____

Return by mail to: LEEF, P.O. Box 223 Lohn, TX 76852

For additional information please contact LEEF at 325-647-8441

You may forward by email to qaellis3@gmail.com