

# LUVERNE PUBLIC SCHOOL FOUNDATION FUND GRANT APPLICATION

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## ORGANIZATION INFORMATION

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LUVERNE PUBLIC SCHOOLS  
709 NORTH KNISS AVENUE  
LUVERNE MN 56156  
507-283-8088 – PHONE  
507-283-9681 – FAX  
[WWW.ISD2184.NET](http://WWW.ISD2184.NET)

CONTACT PERSON: CRAIG OFTEDAHL, SUPERINTENDENT      507-283-8088      c.oftedahl@isd2184.net

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### LUVERNE PUBLIC SCHOOL FOUNDATION FUND ADVISORY COMMITTEE:

Cory Bloemendaal  
Lisa Dinger  
Damon Eisma  
Molly Golla  
Sara Hartquist

Mark Lundgren  
Marlene Mann  
Craig Oftedahl  
Pat VonTersch  
Ryan Wynia

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## PROPOSAL INFORMATION

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PROJECT TITLE: \_\_\_\_\_

PROJECT START DATE: \_\_\_\_\_ PROJECT END DATE: \_\_\_\_\_

Please give a 2 – 3 sentence summary of request:

Indicate the projected number to be served by your project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

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# PROPOSAL NARRATIVE

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Provide a brief narrative that answers each of the following points. Submit one original and one copy of your proposal. This narrative should be less than two pages and include:

Project/Program History and Goals – What does the project hope to accomplish? What is your focus?

Program Objectives – These are the clear, specific, and measurable outcomes of the project.  
State the who, what, where and when.

Methods – How are you going to accomplish the goals and objectives? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach, given all of the possible approaches?

Evaluation – How will you measure your results?

Budget – Please fill out the attached budget page. In addition, provide a budget justification, detailing the items listed on the budget page (i.e. consultant hired for 200 hours at \$25/hour).  
The more specific you are, the better.

If you have any questions, please contact Marlene Mann, Craig Oftedahl, or another member of the advisory committee.

Please submit the application to:

Luverne Public School Foundation Fund  
709 North Kniss Avenue  
Luverne, MN 56156  
Telephone – 507-283-8088  
E-mail: [m.mann@isd2184.net](mailto:m.mann@isd2184.net)

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## AUTHORIZATION

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I certify that the information contained in this grant application is true and correct to the best of my knowledge. I have the authority to apply for the funds requested.

Name and Title of Contact Person \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_

Date \_\_\_\_\_

# BUDGET

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A. How much will your total project cost? \_\_\_\_\_

B. How much are you requesting from the  
Luverne Public School Foundation Fund \_\_\_\_\_

C. How much have you or will you receive from  
other contributors? \_\_\_\_\_

(B + C must equal A)

D. List how this money and other contributions will be spent:

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(The total of D must equal A)

E. How many hours do you estimate that people will spend working on this project?  
\_\_\_\_\_

F. List any "in-kind" contributions (In-kind contributions are gifts of goods or services instead of cash):

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