

**Missouri Association for Health, Physical Education, Recreation and Dance**  
**FORM – APPLICATION FOR FUNDING**

\_\_\_\_\_ Person Applying for Funds

\_\_\_\_\_

\_\_\_\_\_ Home Address

\_\_\_\_\_

\_\_\_\_\_ School Address

\_\_\_\_\_

\_\_\_\_\_ Telephone (Home) \_\_\_\_\_ Telephone (Office)

\_\_\_\_\_ Fax \_\_\_\_\_ Email

\_\_\_\_\_ MOAHPERD Affiliation  
(member, division, district representative, officer)

MOAHPERD Member \_\_\_\_\_ Yes Since \_\_\_\_\_

\_\_\_\_\_ Amount being requested from MOAHPERD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other groups involved in the project.

\_\_\_\_\_ Location of the event

\_\_\_\_\_ Dates of the event

\_\_\_\_\_ Number of expected participants

Reference MOAHPERD's applied strategic plan, and describe how the project will  
contribute to the profession: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Missouri Association for Health, Physical Education, Recreation, and Dance**  
**PROJECT BUDGET**  
 Application for Funding

**Expenses:**

1. Presenters
  - a. Travel \_\_\_\_\_
  - b. Meals \_\_\_\_\_
  - c. Lodging \_\_\_\_\_
  - d. Honorarium \_\_\_\_\_
  
2. Site Rental \_\_\_\_\_
  
3. Meals (participants)
  - a. Lunch \_\_\_\_\_
  
4. Supplies
  - a. Postage \_\_\_\_\_
  - b. Xeroxing \_\_\_\_\_
  - c. Other (Explain) \_\_\_\_\_
  
5. Equipment (Rental) Audio Visual \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Projected Income**

1. Registration Fee \_\_\_\_\_
  
2. Other Funding Sources
  - a. Grants \_\_\_\_\_
  - b. School District \_\_\_\_\_
  - c. University \_\_\_\_\_
  - d. Other (List) \_\_\_\_\_

**Total Income** \_\_\_\_\_

**Final Report-Funding**

\_\_\_\_\_ Person completing report

\_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone (Office) \_\_\_\_\_ Fax

\_\_\_\_\_ Location of event

\_\_\_\_\_ Date of Event

\_\_\_\_\_ Number Attending Event

\_\_\_\_\_ Total Funds Expended From All Resources

\_\_\_\_\_ Funds Granted by MOAHPERD

**MOAHPERD Funds Spent:**

For \_\_\_\_\_ Amount \_\_\_\_\_

For \_\_\_\_\_ Amount \_\_\_\_\_

For \_\_\_\_\_ Amount \_\_\_\_\_

For \_\_\_\_\_ Amount \_\_\_\_\_

For \_\_\_\_\_ Amount \_\_\_\_\_

Was the event evaluated? \_\_\_\_\_ Yes \_\_\_\_\_ No. Attach a blank copy of the evaluation form.

Briefly describe how the event contributed to the profession and to MOAHPERD.

Send report to MOAHPERD Executive Director one week after event is completed.

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