

**Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*SMA will date this upon receipt. Processing of a request requires approximately four weeks for review, development and communication.*

**Proposed Event/Activity/Team:**

**Applicant Contact Information**:

**Assigned Lead Coach/Director:**

**Activity Season (dates or time frame):**

**Location where activity will take place**:

**Intended Participants/Audience for Activity:**

**Additional comments:**

**Please highlight the purpose of the activity**:

**Describe the activity’s relationship to the mission of Stella Maris Academy:**

**Administrative Details:** *(i.e. Are there any special requests for SMA staff/faculty involvement? Is there involvement of entities outside of SMA? Please describe.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected Attendance for Program**: | | | |
| # of Students  Expected | # and Names of Adult Leaders  *(other than the coach/director)* | # and Names of SMA Staff  *(other than the coach/director)* | # and Names of Others (specify) |
|  |  |  |  |
|  |  |  |  |

**Budget Assumptions:** *Detail any costs associated with this activity, and how they will be covered.*

|  |  |
| --- | --- |
| **Costs for the Activity** | |
| Category/Description of Cost | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL COSTS |  |

|  |  |
| --- | --- |
| **Actual Cost Per Participant**: | |
| Category | Amount |
| Activity Fee(s) |  |
| Travel/Transportation |  |
| Food/Meals |  |
| T-Shirts/Clothing |  |
|  |  |
|  |  |
| TOTAL ACTUAL COST PER PARTICIPANT |  |
|  | |

|  |  |
| --- | --- |
| **Program Budget**: | |
| Category | Amount |
| Total Activity Costs |  |
| Total Participant Costs (Actual Cost × Number of Participants) |  |
| TOTAL COSTS |  |
| LESS GRANTS OR OTHER SUBSIDIES |  |
| TOTAL NET COSTS |  |
| CHARGE PER PARTICIPANT (Total Net Costs ÷ Expected Number of Attendees |  |

**Additional Insurance Requirements:** *(Please determine if additional equipment or activities require special insurance coverage. For example, some rented equipment or locations require to be listed as additionally insured or some off site locations require a certificate of insurance when traveling to their location.)*

**Anticipated Work Involved**: *(Please detail tasks to be performed by activity leaders, volunteers, and SMA staff/faculty as well as the number of hours anticipated for each task.)*

**Potential health concerns related to this activity:**

**Please attach a tentative itinerary/schedule and budget.**

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| --- | --- | --- |
| Day and Date | Time and activity | Notes |
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| **For Activity Review Committee Use Only** | | | |
|  | **Date** |  | |
| Initial Date received |  |  | |
| Subsequent Review Dates |  |
| Date Final Recommendation Given to Applicant |  |
| Activity Review Committee |  | Recommend | Revise |
| Comments/Recommendations: |  | | |