

# LIFE ENHANCEMENT ASSISTANCE PROGRAM (LEAP) APPLICATION FORM

**“Take a LEAP!! Join your fellow participants at our next Special Olympics event”**

**Instructions:** LEAP will be used to reimburse struggling or new start-up Local Programs for lodging expenses related to specific events. To receive funding from LEAP, a Local Program must be outside of a 30 mile radius of the site of the state competition. The Local Program is required to submit this LEAP Application Form with proper documentation (copies of receipts) of lodging expenses incurred related to the approved event. Participants and chaperones (at a 1 chaperone to 4 athlete ratio) will qualify for reimbursement. Upon receipt of documentation, SOSD will reimburse Local Programs at a rate of \$10 per athlete and chaperone per night. All documentation must be submitted to SOSD within 30 days of the completion of the state event.

**State Summer Games is exempt from “LEAP” reimbursement since SOSD provides housing to delegations at no cost.**

**Name of Delegation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Delegation (HOD):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
please print

**Mailing Address:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Host City:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of athletes for reimbursement:** \_\_\_\_\_

**Number of chaperones for reimbursement:** \_\_\_\_\_

**Total number for reimbursement:** Box A

**Box A**  **X Total # of nights stayed by delegation**  **X \$10 = \$**  **Total expenses requested\*\***

**\*\*Reimbursements of any amount are based upon available LEAP funds**

**SIGNATURE of HOD completing submission:** \_\_\_\_\_

**Please attach room rosters and paid receipts to this Application Form and mail to:**

Special Olympics South Dakota  
 Attn: LEAP Program  
 800 E. I-90 Lane  
 Sioux Falls, SD 57104

**For Office Use Only:** Approved Amount \$ \_\_\_\_\_ Date check sent: \_\_\_\_\_

If denied, reason: \_\_\_\_\_