New York State West Youth Soccer Association

Member Grant Program Cover Sheet

Organization name: _____ Date of Application: _____

This is a ___Club ___League

Address: _____

Club or League President or Chief Officer: _____

Grant Contact person and title (If not named above): _____

Best contact email _____ Best contact phone number _____

Project title _____

Grant Request: $ _____ (Maximum request is $1000) Period grant will cover: _____

Type of request -This request supports the follow NYSW priority:

- ☐ Increase club membership through member retention and or new member acquisition.
- ☐ Improve the conditions for play in communities of member clubs.
- ☐ Strengthen club leadership through volunteer training or education
- ☐ Support club administration through improved technology use.
- ☐ Improve parent understanding of the game and behavior through education and other innovative ideas.

Total project budget:

Revenue	Revenue/grant support	Expenses
NYSW Contribution	$	
Club contribution		
Other sources of funding		
Program costs (detail below)		
		$

Total club or league budget (current year):

Expected Outcome or goal of project (2-3 sentences):

Summary of project or grant request (2-3 sentences):

To complete application attach:

A complete application will consist of the following:

- A completed coversheet (this form)
- A statement describing the need or problem you are trying to address.
- A description of how the funds requested will be used to address the problem.
- What measurement you propose to evaluate the effectiveness of the solution or use of the funds.
- Attach any other materials or photos that will help with evaluation of the request.

Thank you for applying.

Office use only

_____Attended AGM

_____ Previous grantee _____ Filed reports