



**County Commissioners of Kent County, MD**  
**FY18 Youth Sports Equipment Grant Application**

Select Funding Cycle: \_\_Spring/Summer or \_\_Fall/Winter

**Youth Sport Organization Information**

Legal Name	
Mailing Address	
City, State, Zip Code	
Organization Leader	
Contact Telephone Number	
Contact Email Address	
# of youth served by organization annually	

**EXECUTION**

The organization above has reviewed this application and attests it is consistent with its athletic or recreational program goals. The organization is prepared to be the fiscal agent for the award, to disburse the funds, and ensure the funds are used for the equipment/purpose listed here.

IN WITNESS THEREOF,

The organization has executed this application on:

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title (must have signature authority)

**Detailed description of need for funding:**

**Positive outcomes as a result of the funding:**

**\*Total Project Cost**

Item Description	Amount
Must include items to be purchased with matching funds above (noted with *)	
Attach additional sheets and supporting documents only if necessary	
<b>*Total Cost</b>	\$ -

**\*Matching Funds**

Source	Amount
◆ Fields with "*" must be completed and may not be left blank	<b>*Total Match</b> \$ -
	<b>*Request</b> \$ -

Request is Total Cost minus Total Match and must be \$5,000 or less

***NOTICE: A minimum of (3) quotes is required to be submitted with the application.  
Application may be rejected if required number of quotes is not included.***