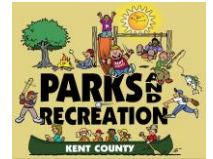




**County Commissioners of Kent County, MD  
FY20 Youth Sports Equipment Grant Application**



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

**Youth Sport Organization Information**

Legal Name	
Mailing Address	
City, State, Zip Code	
Organization Leader/President	
Contact Telephone Number	
Contact Email Address	
# of Youth Players Served Annually	

**FISCAL RESPONSIBILITY ACKNOWLEDGEMENT**

The applicable leaders/officers of the organization named above have 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 herein.

\_\_\_\_\_

\*Organization's Fiscal Agent/Treasurer Name

\_\_\_\_\_

Signature Date

**EXCECUTION**

The organization named above has executed this application on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

(day) (month) (year)

\_\_\_\_\_

\*Organization Leader/President Name

\_\_\_\_\_

Signature

*\*Must have signature authority for the organization.*

**Detailed description of need for funding:**

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

**Impact to organization/program if not funded:**

