



Submission deadline: February 1st by 3pm

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:

*Total Equipment Cost Item Description Amount Image: Interview of the state of th

*Matching Funds

Source	Amount		
□ Fields with " [*] " must be completed and may not be left blank	*Total Match	:h \$ -	-
	*Request	\$	-

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. Each quote <u>must clearly indicate</u> the <u>grand total</u> of the potential purchase.

Application may be rejected if required number of quotes is not included.

1/3/2022