

## **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 Best contact email	above):  Best contact phone numb	er
Project title		
Grant Request: \$ (Maximum request is \$1000) Period grant will cover:		
<ul> <li>Type of request -This request supports the follow NYSW priority:</li> <li>Increase club membership through member retention and or new member acquisition.</li> <li>Improve the conditions for play in communities of member clubs.</li> <li>Strengthen club leadership through volunteer training or education</li> <li>Support club administration through improved technology use.</li> <li>Improve parent understanding of the game and behavior through education and other innovative ideas.</li> </ul>		
Total project budget:		
Revenue	Revenue/grant support	Expenses
NYSW Contribution	\$	
Club contribution		
Other sources of funding		
Program costs (detail below)		
		\$
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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:		
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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.		
Attach any other materials of photos that will help with evaluation of the request.		
All completed documents must be submitted via email to grants@nyswysa.org. Thank you for applying.		
Office use only		
Office use offly		
Attended AGM		
Previous grantee Filed reports		