

SOCCER ASSOCIATION FOR YOUTH, USA
GRANT APPLICATION FORM

PLEASE PRINT CLEARLY

Section 1

Name of SAY Area and/or District: _____

Contact Person: _____

Daytime Phone: (____)____-____ Evening Phone: (____)____-____

Email Address: _____

Organization website: _____

Organization Address: _____

Number of SAY Registered Players: _____

Section 2

Type of Request-

Monetary: _____ Equipment: _____ Uniform: _____ Other: _____

Please explain request:

Organizations Total Annual Budget: \$ _____

By what date do you require the grant? _____

What is the EIN for your group/organization? _____

We do not have an EIN Number: _____

Is your organization a 501 © 3 organization or are you tied in under SAY's Group exemption number? _____

If yes, has this grant request been approved by your Board of Directors? _____

Date of approval: _____

Section 3

Please list the TOTAL number of players in each age division registered or to be registered with SAY Soccer

_____ Candy League (4-5)	_____ Passers (U-8)
_____ Wings (U-10)	_____ Strikers (U12)
_____ Kickers (U-14)	_____ Minors (U-16)
_____ Seniors (U-18)	

Section 4

Please Provide a brief description of your Grant Request and explain how you plan to accomplish it's mission:

Please describe at least two benefits the youth in your program will gain by this grant:

Agreement

By signing this Grant Proposal on behalf of your District and/or SAYArea you agree to:

- Use the grant for the purposes detailed in your request
- Keep accurate financial records
- Submit a final grant feedback memo within two weeks of the completion of your request

Your SAY Organization's President

Date