Madison Area Sports Commission



YOUTH GRANT APPLICATION

Due Monday, 09 January 2017

Please return application, reference letters, and warranty signature page to:

MASC ATTN: YOUTH GRANT 22 E. Mifflin Street, 2nd Floor MADISON, WI 53703

MASC YOUTH GRANT SUMMARY



ABOUT

The Madison Area Sports Commission (MASC) youth grant program is a program developed, administered, and funded by the MASC. Designed to serve the youth of D ane County, Wisconsin, the grant program was established following the creation of the MASC with contributions made from the Ironman Community Foundation, individuals, and corporations.

MISSION

The MASC youth grant program strives to assist children in developing healthy lifestyles by introducing them to sports that meet their interests and abilities. Healthy lifestyles help to combat childhood obesity, create positive and emotional connections, and to instill commitment and daily structure to their lives.

PHILOSOPHY

To spread limited funds as widely as possible with preference given to candidates who (or programs whose candidates) demonstrate financial need, are in no other extracurricular activities, are willing to answer questions and complete a follow-up survey.

ELIGIBILITY

- 1. Grants will be made to an organization (or to an organization on behalf of individuals), and not to individuals.
- 2. Grant recipients and recipient organizations must reside in and serve Dane County youth ages 17 and under.
- 3. Grants will be made only to organizations with open, non-restrictive membership available to all, regardless of race, creed, sexual orientation, religious belief, or nationality. Gender-specific activities will be considered.

CRITERIA

- 1. The child or children to be served by the grant are ages 17 and under, residents of Dane County and from a population that is underserved by current sports programs.
- 2. A mutual commitment between the sports program and the individuals it serves that extends beyond the term of the grant proposal.
- 3. Consideration will be given to the broad scope of sports, including so-called "minor" sports and sports for individual competition, as well as more traditional team sports. The key is not the sport, but aligning individuals with a sport that is consistent with their interests and abilities, as well as the quality of the sports program and opportunity.
- 4. The number of people the grant application will be impacting.
- 5. Whether the efforts of the proposed grant being duplicated among or supported by other community resources.
- 6. Whether the sports program will grow and maintain quality as a result of participation.
- 7. Transportation requests (for youth to qualified programs) will be considered.
- 8. Capital construction requests will be considered under special conditions i.e. when a special need can be established, part of the funding is a matching grant or other devices will supplement the grant, the project can be completed within a reasonable time frame (12 months).

ADDITIONAL REQUIREMENTS

- 1. The applicant must fill out the grant paperwork and be willing to fill out a follow up report. *Please do not staple application.
- 2. The applicant must be willing to be included or mentioned in promotional work including website, public relations, etc.
- 3. When a grant is awarded, the MASC Youth Grant Program recognizes that the award provides opportunities for benefits to both parties. The Program reserves the right to expect the following.
 - Acknowledgement in publicity by grantee of MASC donation and association through various media, press releases, press conferences, publicity, photos, etc.
 - Acknowledgement in publicity within the membership of the grantee organization.
 - Acknowledgement and presence on each other's respective websites where appropriate.
 - Logos will be provided upon request.
- 3. The applicant must submit three (3) references in support of the organization and/or programs.
- 4. The applicant must provide us with a completed W-9 form. Form has been made available and can be found by clicking here.

REVIEW PROCESS

Upon receipt of the application by the MASC, it will be reviewed for eligibility. Grant applications will be reviewed up to twice per year. Additional reviews may be scheduled. Please check the MASC website, www.MadisonSports.org to determine the next review period. Grants are reviewed by MASC staff and the MASC Board of Directors review committee, with final approval given by the board.

Notes: Payouts are to be paid on a reimbursable, end of program basis. Preference given to programs beginning after award date.

Based on the discretion of the review committee and board, award funds may be paid out 50% up front and 50% upon completion of the follow up report.

Suggested grant amount request amounts are between \$1,000 and \$8,000.



Please be as succinct and clear in your responses as possible. Applications will be scored based on depth, quality and clarity of information provided. We ask that you please limit your responses to the text boxes provided.

DATE OF REQUEST	
PRIMARY ORGANIZATION CONTACT	Γ
FULL NAME	
TITLE	
PHONE	FAX
EMAIL	
ORGANIZATION INFORMATION	
ORGANIZATION	
LEGAL NAME	
FOUNDING DATE	STATUS: For Profit Not for Profit
EMPLOYER IDENTIFICATION NUMBER	
MAILING ADDRESS	
CITY	STATE POSTAL CODE
PHONE	FAX
EMAIL	
WEBSITE	
HOW DID YOU HEAR ABOUT THIS GRAN	Т

APPLICANT MUST ALSO SUBMIT THREE REFERENCE LETTERS IN SUPPORT OF THE ORGANIZATION OR PROGRAM.



1. Amount Requested		
2. What sport(s) will this money be used for?		
3. Please itemize what grant request will fund a	nd associated costs for each element(s).	
Item	Cost	
4. Is this a new or continuing program/activity?		
□New		
☐Continuing		
	e list what criterion or variables will be used to determine who r	receives fun
6. Has the program or activity started for this cu	rrent term?	
□Yes		
□No		
7. What is the timeline expected when funds wil	I be used? Please list beginning month and projected end.	



ORGANIZATION INFORMATION (continued)		
9. Please provide a brief description of the service(s) provided by your organization, including ages served and sports offered.		
10. Please list the amounts and describe the standard fees for participation in the organization.		
11. Provide a brief description of the sports program requesting this grant, including program and organizational goals.		
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12. Please explain how the program's success will be measured by the organization.		



ORGANIZATION INFORMATION (continued)

3. Please detail the intended purposes for the requested grant funds and all related costs. Please describe or attach the rogram's budget (or use template on page 7) and detail any other grant or sources of funding for this program.	
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4. Please describe the time frame for grant implementation, how the grant will serve participants, and your follow up process	3.
5. Please describe the intended recipients of the grant funds and how they appropriately meet the grant's philosophy and objectives. Include historical and projected participation numbers.	
6. For the amount requested, what is the lowest acceptable amount (in dollars) of funding should the full amount be unavailable.	able?



TOTAL EVENT BUDGET

Projected Expenses

	In-kind	Cash
Participation/Registration Fees		
Transportation		
Housing		
Food/Snacks		
Officials		
Awards		
Equipment		
Field/Facility Rental Costs		
Staff/Administrative Costs		
Marketing/Promotions		
Scholarships		
Other Costs		
Total In-Kind Expense		
Total Cash Expense		
TOTAL EXPENSES		

MASC YOUTH GRANT RECOMMENDATION LETTER



APPLICANT INFORMATION TO APPLICANT: Please complete this section of the form. Give one form to each of the (3) references to complete
APPLICANT'S NAME & ORGANIZATION
REFERENCE INFORMATION TO REFERENCE: The applicant named above is seeking a grant from the Madison Area Sports Commission's Youth Grant Program. Please complete the questions on this form as candidly as possible.
FULL NAME
TITLE
ORGANIZATION
RELATIONSHIP TO APPLICANT
YEARS KNOWN APPLICANT
PERSONAL LETTER OF RECOMMENDATION
DEEEDENICE SIGNATURE

MASC YOUTH GRANT AGREEMENTS, ACKNOWLEDGEMENTS, REPRESENTATIONS & WARRANTIES OF APPLICANT



The Applicant acknowledges the importance to the Madison Area Sports Commission (the "Commission") of verifying that, if this application is accepted in whole or in part, the funds disbursed to the Applicant are used in the manner described in this application. The Applicant hereby agrees that, if this application is accepted in whole or in part, the Applicant agrees to (a) maintain appropriate records of the Applicant's uses of all funds disbursed to the Applicant by the Madison Area Sports Commission, and (b) promptly upon the request of the Commission, provide copies of such records and any other records as the Commission may reasonably request, including without limitation the financial records of the Applicant, for the purpose of verifying that the funds disbursed to the Applicant were used in the manner described in this application.

The Applicant further agrees that if this application is accepted in whole or in part, the Applicant will, at any time upon the request of the Commission, complete and return the "Follow -Up Report" attached hereto.

The Applicant acknowledges and agrees that the Commission may recover from the Applicant any funds disbursed pursuant to this application if the Commission reasonably determines that such funds were, or appear to be, misused.

The Applicant represents and warrants that its responses to this questionnaire are true and accurate.

	NAME
	TITLE
1	ORGANIZATION
	SIGNATURE
	DATE

MASC YOUTH GRANT FOLLOW UP REPORT



This form is to be completed after an award is granted and is required for the balance payment. DATE		
ORGANIZATION INFORMATION ORGANIZATION		
MAILING ADDRESS	STATE POSTAL CODE	
EMAIL		
FOLLOW UP INFORMATION		
Please describe the participating individuals, including What were the outcomes of the goals for the program	and participants?	
What is the future of the participants' participation in a	nd the sports program itself?	
What were strengths and weaknesses of the grant apply How did you first hear about this grant? MASC Website MASC Staff Publication		
The grant recipient and organization represent and NAME	warrant that the responses in this follow up report are true and accurate.	
SIGNATURE	DATE	