

**Mountain West Lacrosse Foundation
PROGRAM FUND APPLICATION**

Purpose and Instructions

The Mountain West Lacrosse Foundation offers financial aid to Utah lacrosse programs in the form of grants.

To request financial assistance for a new or existing lacrosse team, club or program, please fill out this application and submit it via email to the Mountain West Lacrosse Foundation, at info@mountainwestlacrossefoundation.org.

Programs must:

- Grow the game of lacrosse in the State of Utah
- Be nonprofit organizations with a 501(c)(3) designation. All grant proposals must be accompanied by a copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status. – OR- be an educational organization -OR- a municipality.

All new organizations are required to submit with this application a two year budget. Existing organizations must submit a budget for the upcoming season showing the total income and expenses as well as the projected cost per participant as well as the previous year's tax return.

Please submit with this application a brief letter of recommendation. The letter should be from a community leader, athletic director or league or conference president.

If you have questions regarding the Mountain West Lacrosse Foundation's financial aid programs or concerning this application and any of its parts, please email info@mountainwestlacrossefoundation.org.

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This Section Must Be Completed By the Applicant

Please do not leave anything blank or omit required documents or your application will not be processed.

A complete application must be received by October 15th. A decision notification will be sent before November 15th and funds will be sent before November 30th.

Date of application: _____ 20____

What is the purpose for which you are requesting funds?

Lacrosse Team/Organization

Name: _____

Affiliated with an existing organization? __ YES __NO

If yes, please identify the organization: _____.

Fund Applicant/Contact Person: _____.

Contact Person's Home Address: _____

Contact Person's Phone#: _____

Contact Person's Email Address: _____

Amount of financial support being requested: _____

Please specify any matching funds or other contributions to be collected and from what source:

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Have you applied for a grant or sponsorship from any other source? ___ Yes ___ No

If yes, what is the name of the source: _____.

What was the requested amount? \$ _____

Age of participants:

- Youth (15 & under) High School (16-18)
 Collegiate Post-Collegiate

Please select one:

- Club Official School Program ___ Other (specify) _____

Number or projected number of participants in program: _____.

Select Program Type:

- Boys Girls Coed

Describe how the funds will be used. What are your goals?

Will all of your program participants be required to be members of US Lacrosse?

- Yes No

If not, will your program have insurance?

- Yes No

If yes, what is the source _____

If not, how is the program covered?

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Check should be made payable to: _____
(note checks can only be made out to an organization and not an individual)

Check should be mailed to: Name _____

Address _____

Please list or describe all financial circumstances that the Mountain West Lacrosse Foundation should consider as a basis for granting this application:

Please submit with this application, budgets and, if applicable, tax returns along with a brief letter of recommendation. The letter should be from a community leader, athletic director or league or conference president.

The completed application, supporting documents and letter of recommendation should be emailed to: info@mountainwestlacrossefoundation.org.

If your team or organization is granted funds it will be required to submit a follow-up report substantiating the expenditure of funds for the intended purpose within 12 months of award.