



**Please mail application to:**  
Adirondack Chapter of US Lacrosse  
Attn: Chapter Grants  
5 Southside Drive, Suite 11  
#124  
Clifton Park, NY 12065

# Chapter Grant Application

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*[www.adirondack-lacrosse.com](http://www.adirondack-lacrosse.com)*

*Updated: 2/8/2010*

## **Mission:**

To assist in growing the sport of lacrosse in the Adirondack Chapter (ADK) footprint by giving *new* youth teams financial assistance for team equipment and/or other lacrosse-related needs.

## **Guidelines:**

- One-time-only grant per age division.
- Applies to new teams established within the last two seasons. To meet the requirement of a new team, the team must be in an age/gender league where there has not been a team for the last 2 seasons for that program. The program can have another lacrosse team, provided it is gender opposite.
- Preference will be given to teams requesting assistance with items that can be used from season to season, such as:
  - Goals
  - Nets
  - Videos – Developing Essential Lacrosse Skills
  - Goalie Equipment
  - Practice Aids
  - Loaner/Re-use Equipment (Helmets, Gloves, Pads, Jerseys/Shorts/Kilts, etc.)
- If requested by the Chapter, team/coach/commissioner agrees to seek placement of an ADK-approved announcement in local school or recreation district publication(s). In addition, ADK may send press announcements to local media to publicize its involvement.
- **IMPORTANT NOTE:** It is suggested that the applicant determine if there are any school or recreation district reviews or approvals required to proceed with a project. Ideally, ADK will fund the project when there is a high degree of certainty the project will go forward, to avoid a time-consuming refund process. Be sure to outline very specific information about the opportunity and/or work to be done.

## **Questions:**

Please direct all questions regarding this application to the Chapter President or Treasurer. Contact information can be found at [www.adirondack-lacrosse.com](http://www.adirondack-lacrosse.com).



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## SECTION I - General Information

Date:

Title of Project:

Who is requesting this grant?

Contact name:

Contact address:

City / State / Zip:

Phone Number(s):

Email:

## SECTION II - Project Beneficiaries

Grade Level or Age Group:

Gender (circle):      Male      Female

Additional details:

## SECTION III - US Lacrosse Membership

If this grant application is for a team or youth organization, you must verify that all participants, including the coaching staff, are members of US Lacrosse, the national governing body of our sport. Please attach a list of all membership identification numbers. (Membership applications can be found at [www.uslacrosse.org](http://www.uslacrosse.org).)



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## SECTION IV - Project Summary

Please attach a detailed summary of the project. If applicable, please include the following information:

- Goal – What is the ultimate goal of this project?
- Motivation – What prompted your interest in or need for this project?
- Activities – Describe the procedures and/or activities for implementing or performing this project. Include materials, timelines, outside consulting, and travel requirements.
- Future – What do you plan to do to grow this opportunity or improve upon this project in the future? Where will this project lead you?
- Publicity – What steps will you take to promote public awareness of the project? What public relations benefit may the project bring for lacrosse in our area?
- New Team – When was your team established?

## SECTION V - Project Budget

Total Amount Being Requested: \_\_\_\_\_

Please attach a detailed project budget/expense breakdown, including:

- Supplies and Materials
- Equipment
- Personnel
- Travel
- Consulting or Support Fees
- Other

If this is a continuation of a previously funded grant, please explain:

Are you applying elsewhere for funding? If yes, please explain:



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## SECTION VI - Authorization

Adirondack Lacrosse will not accept applications without signed authorization.  
I certify that all of the above information is accurate to the best of my ability.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_  
Date \_\_\_\_\_

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### FOR ADK CHAPTER USE ONLY

Grant (circle):      Approved      Declined

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
ADK Check #: \_\_\_\_\_ Date \_\_\_\_\_

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