



**GRASS ROOTS GRANT APPLICATION**  
\$1,000 Grant Application (2023-24 Hockey Season)



Application Date: \_\_\_\_\_

Name of Association: \_\_\_\_\_

Applicants Legal Name: \_\_\_\_\_  
(as shown on IRS Letter of Determination)

EIN #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Person Submitting Application: \_\_\_\_\_

What position do you hold in your Association? \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Associations tax exempt status/IRS designations: 501c3, 501c9, etc: \_\_\_\_\_

If not a 501c3 Nonprofit, then who is fiscal agent? \_\_\_\_\_

Check category you are applying for:  Goalie Equipment  Dryland Training  Helmets  
 Intermediate Nets

Purpose of funding request. Please describe:

What do you hope to accomplish (outputs and/or outcomes:

How do you intend to accomplish the above:

What is the cost of the Project: