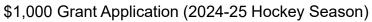


GRASS ROOTS GRANT APPLICATION





Application Date:	· · · · · · · · · · · · · · · · · · ·	
Name of Association:		
Applicants Legal Name:(as shown on I		
(as shown on I	RS Letter of Determina	tion)
Address:		
City:	State:	Zip Code:
Name of Person Submitting Application:		
What position do you hold in your Association	n?	
Telephone #:	Email address:	
Associations tax exempt status/IRS designat	ions: 501c3, 501c9, etc	D:
If not a 501c3 Nonprofit, then who is fiscal ag	gent?	
Check category you are applying for: Go	oalie Equipment [Oryland Training Helmets
In	termediate Nets	
Purpose of funding request. Please describe	9 :	
What do you hope to accomplish (outputs an	d/or outcomes:	
How do you intend to accomplish the above:		
What is the cost of the Project:		