



MITE EQUIPMENT GRANT APPLICATION

10 Sets of Mite Equipment (2024-2025 Season)



Application Date: _____ Name of Association: _____

Application's 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? _____

Tele #: _____ Email Address: _____

Associations tax exempt status/IRS designations: 501 3C, 501 C 9, etc.: _____

If not a 501 3C Nonprofit, then who is fiscal agent? _____

Describe the need for equipment:

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

How do you intend to accomplish the above: