



GRASS ROOTS GRANT APPLICATION
\$1,000 Grant Application (2025-26 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: