

APPLICATION DATE: \_\_\_\_\_

**GRANTS APPLICATION**

**REGION II**

**United States Adult Soccer Association**

**POSTMARK DEADLINE: April 15<sup>th</sup> of the Application Year**

*Two (2) typed and signed copies of application and supporting documentation must be submitted.*

**NAME OF GRANT PROJECT**

\_\_\_\_\_

**LOCATION OF GRANT PROJECT**

City and State

\_\_\_\_\_

**NAME OF STATE ASSOCIATION**

\_\_\_\_\_

**Amount of Funding requested: \$ \_\_\_\_\_ Matching Funds, if any: \$ \_\_\_\_\_**

**If matching funds are available, what is the source of the funds? \_\_\_\_\_**

\_\_\_\_\_

**SECTION 1: STATE ASSOCIATION, LEAGUE, CLUB INFORMATION**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**SECTION 2. APPLICANT/ORGANIZATION INFORMATION**

Applicant is: (Place an X in all boxes that apply to Applicant.)

- \_\_\_\_\_ Soccer Association or League
- \_\_\_\_\_ Soccer Club
- \_\_\_\_\_ State Soccer Association
- \_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Region II Affiliation: YES \_\_\_ NO \_\_\_

Applicant is a for profit organization: YES \_\_\_ NO \_\_\_

**SECTION 3. GRANT PROJECT DETAILS**

*Please provide details for the following items. If more space is needed, attach additional pages.*

**Grant Project Summary** – *Provide a summary or description of the Grant Project for which you are requesting funding.*

**Intended Use of Funds** – *Provide a detail of the manner in which funds provided by the Region II Grants Program will be utilized. For example, \$500 – for the payment of player registration fees; \$200 – hosting of meetings for non-affiliated associations, \$300 for marketing expenses/advertising, etc.*

**Planned Objectives** – *Provide a description of the objectives or needs of your State, association or league that will be met by the Region II Grants Program.*

**SECTION 4. APPLICANT’S REPRESENTATIVE CONTACT INFORMATION**

Applicant’s Representative \_\_\_\_\_

Title of Representative \_\_\_\_\_

Representative’s Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

***In submitting this application, the applicant agrees to the policies and procedures of the Region II Grants Program as detailed in the publication – Region II Grant Policies and Procedures – which is available at the Region II website.***

Signature of Applicant/Representative \_\_\_\_\_

**SUBMITTAL** – Return two (2) typed and signed copies of the Grant Application form postmarked no later than April 15<sup>th</sup> of the application year to:

Mr. Vic Boydo  
Attention: USASA Region II Grants Program  
2043 Lori Lane  
Wichita, KS 67207

For USASA Region II Use Only:

Date Application Received \_\_\_\_\_ Application Complete \_\_\_\_ Yes \_\_\_\_ No  
(Provide date and Initial)

Application Number \_\_\_\_\_ Application Review Date \_\_\_\_\_

Committee Member Recommendation \_\_\_\_\_

Application Disposition \_\_\_\_\_ Amount of Grant Award \$ \_\_\_\_\_

Follow-Up Report Date, if condition of Grant \_\_\_\_\_

Date Recommended Award submitted of Region II Director \_\_\_\_\_

Date Check Issued \_\_\_\_\_ Check No. \_\_\_\_\_