

## Available Grant Packages

Women's Program Package	Men's Program Package
(20) Field player sticks (11) Pairs of goggles (1) Goalie Stick (1) Goalie helmet (1) Full set of goalie equipment (2) Officials kits (shirt, whistle, cards, flag)	(20) Field player sticks (10) Full sets of protective equipment (1) Goalie stick (1) Full set of goalie equipment (2) Officials kits (shirt, whistle, cards, flag)
Official's Package <i>(specify men or women)</i>	
(2) Shirts (2) Whistles (2) Flags (2) Cards <i>(women's only)</i> (2) Lanyards	

*Note: Only ONE Application per country/organization is permitted.*

## Application and Eligibility Requirements:

- Applicant group must be entering the first year of operation.
- Applicant group must fall under one or more of the following categories:
  - Emerging Nation
  - Associate Member
  - Select Full Member
  - Outreach Program
- Applicant group must be in a developing stage of lacrosse.
- Applicant group must have demonstrated financial need and an established strategic plan for developing lacrosse in their community.
- Applicant group must be a current or prospective member of World Lacrosse.
- Applicant must not have received a grant previously from World Lacrosse (formerly FIL).
- Incomplete applications will not be considered for granting.

## Grant Recipient Requirements:

- Recipients of grants must submit the following:
  - Brief history of lacrosse in the country/community/program receiving the grant.
  - Yearly report of the number of players that have benefitted from the grant.
  - Report on their progress towards achieving the goals in their strategic plan.
  - Inclusion of World Lacrosse in any promotional materials, communications or marketing of instances where the grant will be used.
- Equipment received may NOT be resold to any individual, group, or reseller.

*\*\*World Lacrosse reserves the right to terminate the grant for any violation of the above noted requirements. In the event of grant termination, ALL equipment must be returned to World Lacrosse at the expense of the grant recipient.*



# General Grant Application Form

Completed applications are submitted to World Lacrosse via email : [tbuchanan@worldlacrosse.sport](mailto:tbuchanan@worldlacrosse.sport)

Applicant Name: Ms. Mrs. Mr. \_\_\_\_\_

Applicant Country/Organization: \_\_\_\_\_

Mailing Address:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number(s): *(include country code)*

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Relationship and experience with the applicant country/organization:

Relationship:

Experience:

Will all program participants (players/coaches) be members of your organization? Yes No

Grant Package Desired: *(Only Choose 1)*

Women's Package

Men's Package

Official's Package

Applicant Category: *(Only Choose 1)*

Emerging Country

Associate Member

Full Member

Outreach Program



# General Grant Application Form

**Application Details: Application must be completed in full to be considered for a grant.**

**1. Describe the proposed program.**

Reason/Need for the Program:

Program History or Development Background:

Mission Statement of the Program:

Number and Gender of Participants:

Youth ( <i>14 years and under</i> )	Boys	_____	Girls	_____
Adult ( <i>15 years and over</i> )	Men	_____	Women	_____
Officials ( <i>all ages</i> )	Men's	_____	Women's	_____

Intended Start Date: \_\_\_\_\_

Program or Season Length: \_\_\_\_\_

How many other programs/teams are within your city (25-50 miles)? \_\_\_\_\_



## General Grant Application Form

Is your team/program part of a broader development plan for your area? Please provide details.

Is there anything else you would like World Lacrosse to know about your program?

- 2. Please describe your organizations financial need and fundraising efforts with regards to starting the program that you wish to receive this grant for.**



## General Grant Application Form

3. In addition to equipment, there are many other components critical to the success of a new lacrosse program. Please explain how each of the following will be provided. Include all matching financial or in-kind resources that have been secured.

Coaches

Coach Training Fee(s):

Salary (if applicable):

Officials

Training Fee(s):

Salary (if applicable):

Uniform/Resources:

Administration

Support Staff:

Flyers/Mailings:

Website:

Communication Tools:

Playing Area

Field Development:

Rental Fees:

Field Maintenance:



# General Grant Application Form

## Transportation

To/From Training:

To/From Competition:

## Equipment

Helmets:

Protective Gear:

Sticks:

Uniforms:

Footwear (cleats):

## Recognition and Awards

Players:

Staff:

Volunteers:

Banquets:

Award Categories:

## Other Expenses *(Please list other expenses that may be unique to your program and how they will be resolved)*

Misc. Expenses:



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4. Please list program volunteers and staff names, their role(s), and contact information.

Name	Organization Role	Contact Information

5. Please describe how your program will 'give back' to the game of lacrosse once your program is operationally established. (e.g. demonstrations and clinic, mentoring other new programs, etc...)



# General Grant Application Form

## Shipping Information:

Please note that the following information will be provided to participating equipment providers and manufacturers for delivery of your grant items. Incomplete or inaccurate information may result in delays or non-delivery of items.

Shipping Contact:

Name: Ms. Mrs. Mr. \_\_\_\_\_

Country/Organization Name: \_\_\_\_\_

Shipping Address:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone numbers: *(Include country code)*

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Equipment Information:

Type of Grant *(only choose 1)*:    Men's Package    Women's Package    Official's Package

Team Colors *(manufacturers will try to honor this request)*: \_\_\_\_\_

Additional Information: