## **Rough Riders All Sport Boosters Grant Application**

Sp	orts Program:	Date Submitted:Phone:			
Αŗ	oplication completed by:				
Coach's Signature:		Athletic Director Signature:			
1.	Please describe your project, program or equipment. Information may not exceed the back of this form. The request must directly impact the athletes.				
2.	Is this a new initiative or an existing pro	ject or program:	New E	existing	
3.	What would be the benefit to the athlet	es?			
4.	4. Estimated total cost. Requests must be itemized as to what the money will be used to purchase. Please be as accurate as possible and get current quotes from vendors for larger items.				
5.	Has funding been requested through thi Explain if yes:	is process previou	sly for this pro	ject? Yes	No
6.	Have you received financial support for Explain if yes:	your program in t	he past?	Yes	No
7.	Do you have other sources available to y	you for funding th	is project?	Yes	No

## **Rough Riders All Sports Boosters Grant Application Instructions**

- 1. Complete the form with the information requested
- 2. Have the coach sign the form (unless the coach is completing)
- 3. Have the athletic director sign the form (this is to ensure that there are no other funds available to financially support the request)
- 4. At the next scheduled RRASB meeting, present the proposal.
- 5. The voting for the request will happen at the next meeting unless there are unusual circumstances.