

LACE FOUNDATION

Leadership and Competitive Excellence

Organization Grant Application

1. Please complete this application in its entirety
2. Attach a copy of your most recent tax return
3. Mail application to: LACE Foundation
2 Broad Street
Suite 202
Bloomfield, NJ 07003

Organization Information

Organization _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

EIN/Tax ID Number _____ - _____ - _____ Web Address of Organization _____

Is the organization classified by IRS as a 501 (c)(3) organization? Yes No

Contact Name _____

Contract Mailing Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Email Address _____

Financial Information

Total Grant Amount Requested - \$ _____

Sport in which Organization is applying for grant: _____

Grant Period: From _____, 20____ To _____, 20____
Month Month

Funding "Program" for Grant Application, if applicable: _____
made specific to that program, please specify) (* Note: Some programs have donations

Grant Type (Circle One): Competition, Coaching, Training, Other _____

Grant award disbursement (Circle One): One-time payment, Monthly (season), Monthly (year), Other

Please Describe requested payment schedule _____
(Coaching Grants shall be monthly either during season or over 12-month period)

Make check payable: (if awarded) _____

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Financial Information (cont.)

Name and location of the athletic training facility, competition or event in which Organization desires to participate (if applicable):

Name, address, and telephone number of the Organization that sponsors or sanctions the competition or event (if applicable):

Eligibility criteria for participation in the competition or event (please attach any available documentation that sets forth the eligibility for participation in the competition or event; if applicable):

Has applicant already qualified for the competition or event?

Yes

No

If Applicant has not qualified for the competition or event, what requirements must Applicant satisfy in order to qualify?

Other sponsors, businesses, or charitable organizations from which Organization has received grants or financial support over the past 12 months:

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Proposed Plan

Please provide a proposed budget setting forth the expenses that the Applicant expects to incur by training for or participating in the competition or event:

Please provide an explanation as to why a grant is necessary to enable the Applicant to train for or participate in the competition or event:

Please arrange for a coach (with whom the Applicant has worked in the past year), the governing organization of Applicant's sport, or the sanctioning organization, the particular training opportunity, competition or event, to send to LACE a brief statement describing the Applicant's prior competitive experience and attesting to the Applicant's eligibility for and ability to compete in the competition or event. Please disclose any relationship Applicant may have with any officers, trustees or donors of funds to the LACE Foundation:

I, _____ do attest that the information contained in this application and in any attachments made as part of this application are true and correct to the best of my knowledge.

Signature of Organization's Representative

Title

Date