



REQUEST FOR STABC GRANT FUNDING

(Please print neatly)

Program/Team/Group To Be Served: _____

Name/Description of Project: _____

Name of Applicant: _____

Email Address (Mandatory): _____

Head Coach Signature: _____

Athletic Director Signature: _____

Summary of Grant Request:

Total amount of grant request: _____

Number of athletes to be served: _____

Description of items included in grant request: _____

Improvements anticipated as a result of the grant: _____

Has group requested funding from other sources (describe): _____

If STABC is not able to fully fund, least amount that would be helpful: _____

Please attach quote/copy of catalogue page/website shopping cart or other pertinent information to document itemized list of items to be purchased. Feel free to provide any other additional information you think should be considered in our review of your request. You will need to turn in a vendor PO or invoice if approved for payment. STABC does not make a payment to a coach or team directly.

STABC use only: Date received _____ ***Date reviewed*** _____