





# **USA Archery Collegiate Archery Program Grant Application-Fall 2021**

<b>Club Contact Inforn</b>	nation:				
Collegiate Archery P	rogram Name:				
Requestor's Name:		Name of School (Example : University of Alabama):			
College/University C	Contact (Not an Arche	r):			
Address:		City:	State:	Zip:	
Phone:	Email:				
2. Please list the nu Note: All archers are re Membership Services Sys	with USA Archery: mber of archers in t equired to have a USA Ar	the program: chery Membership. U	SA Archery will verif		-
Certification Level:		isti uctors and, or c	toaches fun ham	ies as wen as u	icii
a. b. c. d. e.		USA Archery USA Archery USA Archery	y Level y Level y Level y Level y Level		
If Program has more	than 5 instructors or	coaches, please atta	ach a separate pa	ge.	
4. How often does t	he team meet?				
5. Please describe t	he facility or range	where your team p	oractices:		

6. Please provide a brief history or mission of the program:
7. Please list any additional sources of revenue during the last year (i.e. fundraising, community civic group donations, membership dues, individual contributions etc.):
8. Please tell us what type of activities or accommodations the team provides to support the inclusion of all participants in the sport of archery (including archers with disabilities, economically challenged archers, minority, or otherwise underrepresented archers):
9. Please describe how grant funds will be used to recruit and retain archers. Please be specifc in your answer and address the items being requested and how they will lead to increased archer recruitment and retention:
10. Please list the name and location of all events the team has attended and plans to attend in 2021 and 2022:

11. Strategic plan: USA Archery wants to make sure that the program has a plan for sustainable longevity in place. Grant funds are not meant to be the sole means of the future success of the program. Please describe the program's 2-year strategic plan (Points of Consideration: Time line for use of grant funds, explanation of how grant funds will be used, demonstrate a need for the funds, how will the funds help grow/improve the program, how will the funds help develop a path for archers to reach individual and team goals, how will success/goals be measured, athlete development, event participation, program finances):







Please indicate the categories your program is requesting funds for by checking the appropriate box (es) below.

<u>ledier Equipment Grant (Maximum Amount: \$2,000)</u>
lote: This option is for Recurve Equipment and general accessories such as target bales, tands, etc. only. Must provide detailed equipment list with all specifications (qty, color, size, veight, LH/RH etc.)
Amount Requested: \$ Please Complete APPENDIX B & C.
ompound and 3-D Equipment Grant (Maximum Amount: \$2,000)
Amount Requested: \$ Please Complete APPENDIX B & C.
Travel Grant (Maximum Amount: \$1,000)
Amount Requested: \$ Please Complete APPENDIX B & C.
nstructor and Coach Certification (Maximum Amount: \$150)
Amount Requested: \$ Please complete APPENDIX E.







### APPENDIX B Equipment Kit Grant

Please provide the following information if requesting a Red Tier Equipment Grant, or funds for Compound/3-D Equipment:

1. Timeline for use of the grant funds/equipment:

#### **APPENDIX C**

#### **Guidelines**

The intent of the equipment grant is to support long-term equipment usage for the program. Items requested should be for beginner-intermediate level archers, target bales, target stands, etc. Please do not request high-performance equipment that would benefit individual archers.

1. Please provide a detailed explanation of why the program is requesting individual equipment items, and how it will help the program to reach its competitive goals (developing competitive archers, club's ability to compete in events etc.)

2. Please provide a detailed equipment list of items to be purchased with the grant money to
include: Item, Vendor, Quantity, Color, LH/RH, Size, Weight, Cost:

Item(s):	Vendor:	Quantity:	Unit Price:	Total Price:
Recurve Bows/Accessories:		- Quantity:		10001111001
Accur to Bottof Mecessories.				
Arrows:				
Target Matts/Stands:				
rarget matts/stantis.				
Other:				
		•	•	
Item(s):	Vendor:	Quantity:	Unit Price:	Total Price:
Compound Bows/Accessories/3D:				







## APPENDIX D Travel Grant

#### **Guidelines**

The intent of the travel grant is to support athlete travel to Collegiate Target Nationals and Collegiate 3D Nationals.

1.	Explanation of why the program is requesting travel dollars:
2.	Timeline for use of the grant funds:
3.	The Travel Grant should not be the sole means by which a program supports sending archers and coaches to events. Please explain other sources of revenue the program has to support travel, if the program is able to match the grant funds received, and what the long-term plan of the program is to support team travel:

4. Please provide a detailed list with a breakdown of each item that will be purchased with the grant money to include: Item, Vendor, Quantity, and Cost (Example: hotel rooms, hotel name, number of rooms etc.:

Item(s):	Vendor:	Quantity:	Unit Price:	Total Price:







# APPENDIX E Instructor and Coach Certification Grant

#### **Guidelines**

The intent of the instructor and coach certification grant is to support and grow coach development within the club. 2021 grant dollars may be used for the following:

• Level 2 Instructor Certification and Level 3NTS Coach Certification

Explanation of why the club is requesting instructor and coach certification/development dollars:

2. Timeline for use of the grant funds:







# APPENDIX E Instructor and Coach Certification/Development Grant

Please provide a detailed list of event information: If requesting funds for travel (airfare, gas money, hotel rooms etc.) please indicate cost for each on a separate line. If requesting funds for a certification course, please include instructor name.

<b>Event Name</b>	Name of Person Attending:	Date:	Cost:	Location:

**Additional Notes:**