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# PACIFIC SWIMMING GRANT PROGRAM APPLICATION

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*The purpose of the Pacific Swimming Grant Program is to support the critical LSC areas of facilities, meet hosting, athlete development, and coach professional growth. Refer to the Club Development Grant Program document for a detailed description.*

*Grants are not intended to fund general team finances.*

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## ORGANIZATION

Club Name: \_\_\_\_\_

Web Site address (URL): \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

New Program    or     Previously Funded Program: \_\_\_\_\_ (years)

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## GRANT PURPOSE

**NAME OF PROGRAM:** \_\_\_\_\_

1) Description of project goals and objectives:

2) Statement of need or problems to be addressed (including a description of how your club will benefit from your organization's efforts):

3) How many participants will your grant serve? What segment(s) of your club?

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4) Plans to accomplish the goals, objectives, and timeline for implementation. Please quantify.  
(i.e., In 3 months, we will complete certification of 3 stroke and turn officials at the T1 level, we will purchase one Colorado timing system for meet hosting, etc.)

5) Strategies that you will employ to implement your project (i.e., need for outside support, training plan, etc.)

Is this new or continuing work? Please quantify past outcomes.

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**BUDGET**

Total Project Budget: \_\_\_\_\_ Funds Requested: \_\_\_\_\_  
(Not to exceed \$3000)

Other Funding Sources:

1. \_\_\_\_\_ Amount received: \_\_\_\_\_
2. \_\_\_\_\_ Amount received: \_\_\_\_\_
3. \_\_\_\_\_ Amount received: \_\_\_\_\_

Prior grants received from Pacific Swimming:

Date(s): \_\_\_\_\_ Amount(s) received: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Please attach the following):

- A current expense budget for the project. Indicate the specific uses of the requested grant, if possible.
- Your organization's current annual budget and most recent Profit and Loss statement.
- A copy of your current IRS W-9 statement.

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**EVALUATION OF THE PROGRAM**

Description of how the success of your work will be defined and measured:

**Note: An evaluation of your program is due two (2) weeks post completion.**

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## **SUBMISSION INSTRUCTIONS**

- Please type or write/type clearly on this form.
- Include additional page(s), if needed to include any additional information.
- Limit the entire grant application submittal to 5 total pages.
- Please answer all the questions.
- Please submit your application and questions to:  
Investment Committee, Mike Piccardo  
at: [mpiccardo@pacswim.org](mailto:mpiccardo@pacswim.org)

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**PLEASE NOTE: The application deadline is January 15<sup>th</sup>.**

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