USA Archery Junior Olympic Archery Development Grant Application

Club Contact Information:

JOAD Club Name: _____

Requestor's Name: _____

Club Address: _____**City, State, and Zip**_____

Phone: _____**Email** _____

About the Club:

Start Date of the JOAD Club: __/__/____ How many archers (under the age of 20) are in the JOAD Club?___

Please list the certified coaches in your JOAD Club along with their certification levels:

1) (Full Name)_____ (USAA Coaches Certification Level)_____
2) (Full Name)_____ (USAA Coaches Certification Level)_____
3) (Full Name)_____ (USAA Coaches Certification Level)_____
4) (Full Name)_____ (USAA Coaches Certification Level)_____
5) (Full Name)_____ (USAA Coaches Certification Level)_____

If club has more than five coaches please attach separate page.

How often does the club meet? _____

Please describe your facility or range:

_____

_____

_____

Please provide a brief history or mission of your club:

_____

_____

_____

Please list any additional sources of revenue (I.e. club fundraising, community civic group donations, membership dues, individual contributions etc):

_____

_____

_____

Please tell us what type of activities your club is currently engaged in to support the inclusion of all participants in the sport of archery (Including archers with disabilities, economically challenged archers, minority or otherwise under-represented archers):

_____

_____

_____

_____

_____

Clubs Strategic plan:

USA Archery wants to make sure that the club has a plan for sustainable longevity in place. Grant funds are not meant to be the sole means of the future success of the club. Please describe the club's strategic plan.

_____
_____
_____
_____
_____
_____

Explain how the requested grant funds will achieve the club's strategic plan and goals of developing the competitive archery efforts to create a clear path for skilled archers to reach their own archery goals.

_____
_____
_____
_____
_____

Describe how receiving the requested grant funds will be used to recruit or retain archers in your club.

_____
_____
_____

What is the amount of the requested grant? _____

Detailed list of items to be purchased with Grant Funds:

Item/Vendor:	Quantity:	Unit Price	Total Price:

If using grant funds for an instructor certification, please note the date of class, class level, and instructor.

_____

Please do not request target faces, the intent of this grant is for long term equipment usage

Club Roster:

Name:	Age:	# of Years in Club:

Every question must be completed. If the application is incomplete it will not be considered for review, if an item is not applicable, please type NA. Please TYPE the application.

Please use additional pages as necessary

Please return application to clubs@usarchery.org