

***2016 American Birkebeiner Ski Foundation (ABSF)***

***Adult Skier Development Grant Program Application***

**Grant Eligibility and Reporting:**

* All groups awarded grants must submit a W9 prior to grant award.
* Awarded programs must complete a final report before March 1 for possible publication in the Birch Scroll.
* ABSF should be recognized on publications and other printed material that is created using grant funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Procedures**

* **Application Deadline is Thursday, September 15, 2016**.
* Applications must be submitted in Microsoft Word format via **email** to kristy.maki@birkie.com.
* **Document must be saved as *(your organization name)asdg16.doc or docx.***
* Provide all information in the order listed.
* Application should be limited to **five (5)** pages.
* Do **not** include any other materials with this application.
* Both successful and unsuccessful grant applicants will be notified via email by Monday, October 24, 2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Organization/Program Information***

Name of Organization/Program:

Address:

City: State: ZIP:

Phone: Email:

Program Director:

Phone: Email:

Grant Contact Person:

Phone: Email:

List other Key Staff/Coaching Staff:

Is your organization a 501(c)(3)? Note: this is not required to receive a grant.

Do you have a matching grant?

Are you applying for a Small grant or a Large grant? Please note there are different conditions for Large grants.

Grant Request Amount:

Page **1** of **2**

***Please respond to the following questions so the ABSF can better understand your program:***

* What is the mission statement of your organization?
* What are the primary goals or objectives of your program?
* How long has the program been in place? If this is a new program, please indicate your expectations for your first year.
* What are the expected outcomes of your program?
* What are the demographics (geographic area, size, and other characteristics) of the population served by your program?
* What is the annual budget of your program? Please provide a copy of your budget or annual financial plan, if available. How else, specifically, do you plan to obtain funding for your program? Include names of other funding partners or sponsors.
* What specifically do you intend to use requested ABSF grant funds for?
* How do you involve your local community in your program?
* Does your program use a social media platform? If so, how could you use social media to enhance your partnership with the ABSF?
* How are your program participants currently involved in ABSF Events?
* If awarded an ABSF grant, how will you promote the mission of the Birkie lifestyle in your community and involve the Birkie in your program?
* Aside from cash funding, are there other ways the ABSF can assist your organization and programs?

***Thank you very much for your interest in an Adult Skier Development Grant from the American Birkebeiner Ski Foundation. Grants are awarded based on the collective decision made by our Skier Development Committee. We do have a limited budget for grants, but hope to fund as many solid, sustainable programs as possible each year.***