

Attachment A



**CAL SOUTH SOCCER FOUNDATION GRANT APPLICATION**

1/3/2025

Name of Organization, League or Club

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The Applicant is one of the following: *(please check the one affiliation that most directly applies to the Organization)*

Established League of Cal South \_\_\_\_\_ League # \_\_\_\_\_

Non-Profit Club Registered with Cal South \_\_\_\_\_ Name: \_\_\_\_\_

If other or unsure, please explain your affiliation in the space provided below.  
Purpose of Grant (Please describe)

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What type of assistance? Please check appropriate boxes...

|                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Balls                   |
| <input type="checkbox"/> | Goals                   |
| <input type="checkbox"/> | Uniforms                |
| <input type="checkbox"/> | Coaching Education      |
| <input type="checkbox"/> | Referee Education       |
| <input type="checkbox"/> | Fundraising Merchandise |

| Description | Amount | Cost | Requested Grant Amount |
|-------------|--------|------|------------------------|
|             |        |      |                        |
|             |        |      |                        |
|             |        |      |                        |
|             |        |      |                        |

## Attachment A

### Project Contact Sheet

The Foundation requests information from two contacts for the Grant. Failure to submit requested information on both contacts may result in your application being considered Incomplete and therefore, not evaluated.

\*\* We request that the phone numbers you provide be connected to an answering machine or voicemail (i.e. not a league hotline). In addition, the Foundation may send material via an overnight carrier that requires a signature -- therefore, please avoid Post Office boxes as mailing addresses. \*\*

Primary Contact (Please fill out completely. If specific item does not apply, please type "none")

Name \_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

Address \_\_\_\_\_  
*Street* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Email \_\_\_\_\_ Best time to contact \_\_\_ AM \_\_\_ PM

Phone \_\_\_\_\_ *Work Number* \_\_\_\_\_ *Home Number* \_\_\_\_\_

\_\_\_\_\_ *Cellular* \_\_\_\_\_ *Fax* \_\_\_\_\_

Secondary Contact (Please fill out completely. If specific item does not apply, please write "none")

Name \_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

Address \_\_\_\_\_  
*Street* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Postal Code* \_\_\_\_\_

Email \_\_\_\_\_ Best time to Contact \_\_\_ AM \_\_\_ PM

Phone \_\_\_\_\_ *Work Number* \_\_\_\_\_ *Home Number* \_\_\_\_\_

\_\_\_\_\_ *Cellular* \_\_\_\_\_ *Fax* \_\_\_\_\_

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Profile of Applicant

A. Tax Status of Organization     IRS 501 (c)(3)                       IRS 501 (c)(4)

Federal Tax I.D. Number: \_\_\_\_\_

Please include a copy of your organization's a copy of the IRS Statement of Non-Profit Status for review by the Foundation.

Club or League Information

1. Estimate the Number of Participants that will be impacted by the project/program on an annual basis:

|        |       |        |       |
|--------|-------|--------|-------|
| Youth  | _____ | Adult  | _____ |
| Male   | _____ | Male   | _____ |
| Female | _____ | Female | _____ |

2. Estimate the Number of Organizations/Clubs that will be impacted by the project/program:

Teams \_\_\_\_\_ Leagues \_\_\_\_\_ Other Programs \_\_\_\_\_

3. Who are the Primary Beneficiaries of the project/program (check only one)?

|          |       |
|----------|-------|
| Players  | _____ |
| Coaches  | _____ |
| Referees | _____ |
| Teams    | _____ |

4. When will you expect to need Foundation money?

|                  |       |
|------------------|-------|
| Within 4 Months  | _____ |
| Within 12 Months | _____ |
| More than a year | _____ |

5. What US Postal Zip Code(s) is the league or club operating within?

\_\_\_\_\_

**Attachment A**

**Financial and Budget Information**

A. What is the total dollar amount, including Cash, value of In-Kind Donations, Revenue, and Other Funds needed to finance the proposed purchase?

\$ \_\_\_\_\_ \*\*

\*\* Please provide the documentation for this estimate \*\*

B. What percentage of your purchase budget will be made up of funds from the Cal South Foundation Grant?

\_\_\_\_\_ % of above number

C. How will financial decisions regarding the purchase be made (e.g. Board of Directors, Committee or Individual)?

Signature

*Please note that failure to complete and sign this page may result in your application being considered incomplete and therefore rejected.*

The information, representations, data and facts submitted are, to the best of my knowledge and belief, true and correct as of the date Application was executed:

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

Applicant's Full Name: \_\_\_\_\_

Organization Requesting Grant

By (Signature of Representative/Contact): \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Print legibly or type the name and title of the authorized person who executed this Application if different from the Representative/Contact noted above:

Name (Printed): \_\_\_\_\_

Title \_\_\_\_\_

## **Attachment A**

The Cal South Foundation reserves the right to request additional information or documentation in support of this application.