



2009-2010 USATF New England Grant Program - Final Report

Grant Awardee: Check one: Athlete () Organization ()
Name: _____
Address: _____
E-mail address: _____
USATF Number: _____ Club or affiliate (if any): _____
SSN, Non-Profit, or Tax Exempt Number: _____
Type of request: Check one: Travel () Program ()
Amount of subsidy provided by USATF-NE: \$ _____
Date of event: _____ Location of event: _____
Expenses incurred:

Expenses subsidized by others:

Need more space? Attach up to 2 additional pages to describe a program or event in more detail.

Upon approval of this grant, per the guidelines of the Grant Program, all individuals to whom funding is granted must provide either a social security, a non-profit, or a tax exempt number.

Disclosure:

I have read the New England Grant Program Guidelines and understand its content fully.
I hereby am aware of the guidelines provided by the New England USATF Association and I am providing all information truthfully. I will refund in full any financial subsidy that is given to me that does not conform to the requirements of the proposal.

Signature _____ Date: _____

This report may be sent to , and questions can be asked of, the USATF-NE office at:
USA Track & Field - New England, P.O. Box 1905, Brookline, MA 02446-0016,
617-566-7600 (phone), 617-734-6322 (fax), office@usatfne.org or www.usatfne.org.