Date:	Requestor - Check one:	Athlete ()	Organization ()
Name:			
Organization:			
Contact:			
Address:			
Email address:			
Email address: Current USATF Number:	Club or af	filiation:	
Type of request - Check one:	Travel ( ) Coaching	education ()	
Amount of subsidy requested:	<b>\$</b>	· <del></del> ·	
Is funding being received from	or available to match amoun	t from another s	source?
If yes, describe source and am			
<u> </u>			
If Travel: Date of event:	Location of event	t <u>.</u>	
Reason to be considered for gr			
3	<i>5,</i>	, 0 ,	8
Need more space? Attach up to	2 additional pages to describe pr	ogram or event in	more detail
Need more space? Attach up to	2 additional pages to describe pr	ogram or event m	more detan.
Upon approval of this grant, per must provide either a social secu	guidelines of the Grant Progran rity, a non-profit tax ID number,		
Disalaman			
Disclosure: I have read the USATF New Eng	dand Cuant Busanam Cuidalines	and fully undougt	and its content and
	grand Grant Program Guidennes e of the guidelines provided by th		
	e of the guidelines provided by the ully. I will refund in full any fina		
or does not conform to the requi		inciai subsidy tiiat	is given to me that is not used
or does not comorm to the requi	rements of the proposar.		
Signature:	D:	ate:	
			<del></del>
This application may be sent to,	and questions can be asked of, th	e USATF-NE offi	ce
	ew England, P.O. Box 1905, Bro		
	5 ,,	,	
Please email a copy to mtravers	@usatfne.org		

USATF-New England - 617-566-7600 (phone), 617-939-0992 (fax), office@usatfne.org - www.usatfne.org.