



# APPLICATION

## Sports Equipment Grant Program

### *SPRING 2012*

**RESPONDENT LOCAL GOVERNMENTAL UNIT (LGU) INFORMATION**

LGU Legal Name	
LGU Contact	
LGU Contact Title	
Mailing Address	
City, State, Zip Code	
Telephone Number	
Email Address	
Minnesota Tax ID Number	
Federal Employee ID Number	
County Commissioner District Number	

**EXECUTION**

We have reviewed this application and we believe it is consistent with our recreation program goals. We are prepared to be the fiscal agent for the grant and to disburse the funds and ensure they are used for the equipment listed here.

IN WITNESS THEREOF,

the Respondent has caused this application to be executed on: \_\_\_\_\_ mm-dd-yy

\_\_\_\_\_  
Legal Name of Respondent LGU

\_\_\_\_\_  
By: *Signature*

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

**YOUTH SPORTS ORGANIZATION (YSO) INFORMATION**

YSO Legal Name	
YSO Contact	
YSO Contact Title	
Mailing Address	
City, State, Zip Code	
Telephone Number	
Email Address	
Minnesota Tax ID Number (if applicable)	
Number of YSO Members Served	

**Equipment Requested**

Description	Intended Use	Estimated Cost
<i>Attach additional sheets if necessary</i>		<b>TOTAL</b> not to exceed \$10,000

Matching Funds (all sources)	
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IN WITNESS THEREOF,  
the YSO has caused this application to be executed on: \_\_\_\_\_ mm-dd-yy

\_\_\_\_\_  
Legal Name of Youth Sports Organization

\_\_\_\_\_  
By: *Signature*

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

**NOTICE**  
THIS APPLICATION IS DUE BY 4:00 PM ON FRIDAY MARCH 9, 2012

Send or deliver three copies with original signature pages to:

Hennepin Youth Sports Program-Equipment Grants  
Minnesota Amateur Sports Commission  
1700 105th Avenue NE  
Blaine MN 55449

Prospective responders who have questions regarding this Application may contact:

Stephen Olson, Program Director  
Lynda Lynch, Grant Administrator  
Mark Erickson, Program Manager

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