



# Sports Equipment Grant Program Application 2012

## Respondent Form

Local Government Unit (legal name)
Local Government Unit Contact
Mailing Address
City, State, Zip Code
Telephone Number
Email Address
Minnesota Tax ID Number
Federal Employee ID 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 the \_\_\_\_ day of \_\_\_\_\_, 2011.

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

By \_\_\_\_\_

Its \_\_\_\_\_

## Youth Sports Organization Form

Name of Project
Youth Sports Organization (legal name)
Youth Sports Organization Contact
Mailing Address
City, State, Zip Code
Telephone Number
Email Address
Minnesota Tax ID Number (if applicable)
Equipment Requested
Describe Equipment Use intended
Attach additional sheets if necessary
Number of Youth Sports Organization Members Served

### EXECUTION

IN WITNESS THEREOF, the Youth Sports Organization has caused this application to be executed on the \_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
Legal Name of YSO

By \_\_\_\_\_

Its \_\_\_\_\_

Send three copies with original signature pages to:

Minnesota Amateur Sports Commission, 1700 105<sup>th</sup> Ave NE, Blaine, Minnesota 55449

Prospective responders who have questions regarding this Application may contact:

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