**Sports Competition Event Grant**:

The Sports Competition Event Grant was created to support registered Local Programs of Special Olympics Wisconsin in their efforts to organize, promote and implement **multi-Local Program** (Minimum of 3 local program) competitions in sports offered by Special Olympics Wisconsin. Local Programs can request up to $1500 per tournament request, and a maximum of $2,500 per calendar year. Grants will be issued on a “first-come, first-served” basis. Local Programs will be notified when the grant money is no longer available.

1. Grant applications are to be submitted by a representative of a registered (current) SOWI Local Program.
2. A grant application must be received at your SOWI Regional Office at least thirty (30) days in advance of the date of the event.
3. The competition (i.e., tournament, meet, etc.) must involve a minimum of three different SOWI Local Programs.
4. The competitive event in question must utilize properly certified/current sport officials and follow applicable SOI, SOWI and National Governing Body rules.
5. SOI and SOWI awards policies must be followed.
6. Each grant application must be accompanied by a rough draft of the organizational aspects of the event schedule in question (i.e., competition format, number of teams to be involved, any committee structure, site, date, etc.)
7. Each grant must include a budget listing of overall tournament expenses and how grant money will be allocated, plus overall expenses.

All grants will be reviewed as soon as possible after receipt. Final notification of grant approval and amounts to be received will be as expeditious as possible to facilitate the applicant’s event planning process.

RESTRICTIONS:

1. A registered SOWI Local Program may receive more than one grant per program year and multiple grant applications are encouraged.
2. A maximum award of up to **$1500 per tournament request, and a maximum of $2,500 per calendar year** for each grant application based on area of need.
3. Grants will be issued after the review of the Grant Committee; forms received will be date-stamped, awarded by merit and in order of receipt.

REVIEW PROCESS/AWARDS:

All grants will be reviewed receipt and any follow-up contacts will be made at that time. Final notification of grant approval and amount will be as expeditious as possible to facilitate the applicant's event planning processes.

**INVITATIONAL SPORTS COMPETITION EVENT GRANT FORM**

EVENT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ SPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY TO BE USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

WORK PHONE: (\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

LOCAL PROGRAM NUMBER: \_\_\_\_\_\_\_\_\_\_

LOCAL PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUDGET:

|  |  |  |
| --- | --- | --- |
| Grant Item | Maximum Allowed  | Amount Desired |
| Travel  | $1,000 |  |
| Housing | $750 |  |
| Athlete Meals  | $500 |  |
| Facilities | $500 |  |
| Volunteer Appreciation | $500 |  |
| Misc. Which includes Insurance Waiver | $500 |  |
|  |  |  |
| TOTAL GRANT AMOUNT DESIRED | $1500 maximum |  |
|  |  |  |
|  |  |  |

**INTENT OF GRANT FUNDS** (Briefly describe how money will be used): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNATURE OF APPLICANT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

##### OFFICE USE ONLY

Approved: Denied: Amount Awarded: Date: