



uswrf.org

United States Women's Rugby Foundation

GRANT APPLICATION

Individual Organization

Before completing this application please read the description and criteria carefully. For additional information or clarity please contact USWRF at uswrf.grants.org. The application should not exceed 5 typewritten pages in twelve-point font with 'one and a half spacing' and one-inch margins. All applications must include a one page budget and timeline. **Please know if you exceed the page limit you will be disqualified from consideration.**

Name of Applicant: _____ Date: _____

Name of Organization (if applicable): _____

Role of Applicant (if part of organization): _____

Contact Address: _____

Telephone or Cell Phone: _____ Email Address: _____

Rugby Club or Rugby Affiliation: _____

Territory: _____

Level of Participation (e.g., Territorial/National): _____

CIPP # (Individual, Team, or Coach): _____ Age: _____

To my knowledge, all information supplied on this application is truthful. I understand that any discrepancies can cause the voidance of this application.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (If under 18 years old): _____ Date: _____

Please list other funding sources previously sought/fundraising activities:

US Women's Rugby Foundation a 501(c)(3) Organization



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Application:

Project Description:

- What is the title of your project?
- What individuals or populations will be served by your project? Please include approximate numbers of those served.

Project Summary:

- Please provide a 50-word summary of your proposed project/request.

Project Background:

- Explain the idea, problem, or circumstances.
- What do you hope to accomplish with the funding?
- What background work have you done that has prepared you to succeed?
- Specifically, what activities will you undertake with these funds (this should be linked to your timeline)
- What will result from your work?
- What do you anticipate the potential benefits and impact of your work?
- How will this grant support the USWRF's goals?

Budget

- Provide projected expenses (what USWRF will fund). Please do not tell us all your needs only what the USWRF funds will support.

Timeline and Action Plan.

- Highlight start dates and end dates as well as major activities

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PO BOX 364

NEW YORK, NY 10185

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FOR OFFICIAL USE ONLY

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____

Approved/Denied: _____ Date: _____

Amount Approved: _____ Frequency: _____ Date: _____

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