Application for USA Climbing TRANSFORMATION Grant

Instructions:

Kindly complete all information on this application to the best of your knowledge.

You may attach additional pages if necessary.

• Completed applications along with any supporting documentation should be emailed to: [Grants@usaclimbing.org](mailto:Grants@usaclimbing.org)

• Please direct all questions to [Grants@usaclimbing.org](mailto:Grants@usaclimbing.org)

USA Climbing reserves the right to request additional information or amended applications, or to amend, defer, delay, modify or decline any grant application.

Applicant Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant USA Climbing Member Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant USA Climbing Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of 501(c)(3) Non-Profit Organization, if any, with which the Applicant is associated and which will be the recipient of the Grant funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of all other principals and lead representatives for the Program, with USA Climbing Member Types and Member Numbers:

Date(s) of your program (if not currently operating, please use expected start date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Website:

Program Social Media:

Total Amount Requested between $5,000 and $20,000 (please include all costs, incl. shipping) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minimum Amount (if less) to proceed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How should we contact you with any questions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people participating/impacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Age(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you expect to continue this program on a yearly basis? \_\_\_\_\_\_

If yes, what will be the source for future funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, Applicant, on behalf of itself and the Program representatives, certifies that the above responses, and those on the following pages supplied herewith, are true and complete and agrees to the terms, conditions, and requirements described in the USA CLIMBING TRANSFORMATION GRANTS – GRANT PROGRAM OVERVIEW & REQUIREMENTS.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please give a detailed description of your active or proposed program.

You may attach supporting information, if helpful. Please review the “Grant Program Overview” and identify how the program endeavors to make the transformative power of climbing accessible and inclusive in the United States, such as through:

• Programs to increase access, diversity, and inclusiveness in sport climbing, and/or

• Programs to educate coaches, athletes, parents, routesetters and others, such as for:

o positive coaching methods and training techniques,

o physical and mental health and safety, and

o competition rules

2. Identify all factors “generally weighing in FAVOR” of the Grant under the factors described in the Grant Program Overview.

3. Identify all factors “generally weighing AGAINST” the Grant (absent strong favorable overriding factors) under the factors described in the Grant Program Overview.

4. Confirm that there are no factors “generally precluding grants (due to IRS, accounting or other restrictions)” as described in the Grant Program Overview.

5. Confirm agreement to the following conditions:

* Agreement of principals and lead representatives to be members of USA Climbing in good standing with current background screens for the Grant year
* Agreement to use the funding for the stated purpose
* Agreement to complete an evaluation form answering questions about the use of funding and impact of the Grant
* Agreement to submit a short video highlighting the impact of the Grant
* Willingness to be available to other USAC members to answer questions about the Program

Yes: \_\_\_\_\_\_\_

6. If not already described above, what do you expect will be achieved by this Program and what metric can be used to measure results?

7. Please provide an itemized budget for your use of the Grant (include cost of all equipment, supplies, labor, shipping & handling, etc.).

8. Describe the percentage of overall Program budget that this Grant is intended to represent, and the sources of funding for the non-Grant portions.

9. How would you propose publicizing the significance of the grant, source of funding and ultimate outcome?

10. Please describe the experience of the principals and lead representatives of the program, including information about prior successful programs they have led or in which they have participated, if any. This may include testimonials from participants in those past programs.

11. Is any person associated with the program, or any family member of any person associated with the program, associated in any way (by contractual relationship, familial relationship, or otherwise), directly or indirectly, with a member of the Board of Directors of USA Climbing or the USA Climbing Foundation, with a member of any USA Climbing committee or task force, with an employee of or contractor USA Climbing? If yes, please disclose here.