

Kelly S. Brush Foundation Inc.

Grant Application for Organizations



Mail completed application to:

Kelly S. Brush Foundation Inc.
Executive Director
7 Aspen Drive
South Burlington, VT 05403
www.kellybrushfoundation.org

Application Instructions and Requirements:

- Organizations applying for a grant must operate in the United States.
- Applicants must demonstrate financial need.
- Applicants must supply the Foundation with a description of how the grant will improve ski racing safety and a plan for achieving the desired outcome.
- Individuals seeking ski racing safety equipment do not qualify for this grant.
- Applicants must complete all questions on the application in order to be considered for a Kelly Brush Foundation Ski Racing Safety Grant. A complete application includes contact information, financial statements, and a detailed description of the ski racing safety items or trail modifications that the funds will be used for. Incomplete applications will not be considered.
- Application must be typed.
- Please include the name of your organization on all attachments.
- Please be sure to sign and date your application before mailing.
- All grant applications are reviewed and awarded two times a year, in October and April.

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To complete form, type your responses and hit the TAB key to move to the next box. The spaces will expand as you type. All applications do need to be signed.

Date: _____

Name of Organization: _____

Grant amount requested: \$ _____

Annual Operating Income for Club: \$ _____

Contact Name: _____

Organization Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone Number: _____

E-mail: _____

Website: _____

Organization information. Please attach the following documents as appropriate:

- Most recent financial statement (*audited if available*).
- A current organization operating budget with revenue and expenses.
- Current/Final 501(c)(3) IRS determination letter.
- List of Board of Trustees/ Directors, if possible, with their employment and/or community affiliations.

How did you hear about the Kelly Brush Foundation Ski Racing Safety Grant Program?

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Would you be interested in hearing about upcoming Kelly Brush Foundation events?

Use your mouse to click in the appropriate box or hit the ENTER key.

☐ Yes ☐ No

GRANT FUNDS USAGE

- 1) Please describe the proposed use of funds and how the funds granted would specifically enrich ski racing safety.

- 2) Please detail the plans for achieving desired outcomes, including a plan for assessing progress toward goals and a projected timeline for the use of funds.

PROFILE OF YOUR SKI CLUB

- 1) How many members do you currently have in your club? _____

- 2) Please break down membership by age group:
 J6: _____
 J5: _____
 J4: _____
 J3: _____
 J2: _____

- 3) How many coaches do you employ? _____

- 4) How many support staff do you employ? _____

- 5) How many races do you currently hold per year, and for what age groups? _____

- 6) What is your relationship with your host Mountain? (ie: financially, trail space for training and racing, do they support the race program in any other ways?) _____

- 7) Please provide a brief inventory list of all the safety equipment your club currently owns or uses. _____

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8) Do you provide a safety clinic for new and old coaches at your club to insure that every coach and volunteer understands B-Netting installation, course setting safety, Willy bag installation, etc.?

Yes: ☐

No: ☐

9) If not, would you be interested in having your coaches and volunteers attend such a clinic?

10) Explain how you plan to raise funds for this project if the KBF provides you with a Matching Grant.

11) If awarded this grant, when do you plan to implement its use?

12) To what degree have you homoligated your race courses?

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In order to be considered for a Kelly Brush Foundation Ski Racing Safety Grant, applicants must provide written estimates for the cost of the equipment or trail modifications. Please provide the names, addresses and phone numbers of at least two companies and/or contractors you have contacted and their written estimates of complete costs for the equipment requested.

Incomplete applications will not be considered.

(1)

Company: _____

Contact Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: _____ Web Address (if any): _____

Estimated Cost (Written Estimate Attached): _____

(2)

Company: _____

Contact Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: _____

Web Address (if any): _____

Estimated Cost (Written Estimate Attached): _____

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below:

Signature of Applicant: _____

Printed Name of Applicant: _____

Printed Name of Organization: _____

Date: _____