

2012 HOOK A KID ON GOLF Final Report

TEE LEVEL CLINIC - MATCHING GRANT



Legal name of Organization: _____

Program Name: _____

Amount of grant: _____ Year in which grant was received: _____

*Answers to the following questions will allow the United States Golf Association to better understand the effectiveness of this grant. In order to be eligible to receive future USGA Matching Funds for Hook A Kid On Golf Tee Level Clinics, it is necessary that we receive this report at least two weeks after the program concludes. **Please complete one final report for each Hook A Kid On Golf Tee Level Clinic.** If needed, request additional copies, or make copies of this form, for each separate clinic.*

1) Date of Hook A Kid On Golf Tee Level Clinic: From ___ / ___ / ___ To ___ / ___ / ___

2) How many total participants were in your Tee Level Clinic? _____

3) How many of the total number of participants had their \$125 program fee provided for through the matching funds raised by your organization **AND** this USGA Grant? _____

***PLEASE NOTE:** If you received a USGA Grant for \$1,250, you must have at least 20 children listed.
If you received a USGA Grant for \$625, you must have at least 10 children listed, etc.

4) Please describe each of the participants whose \$125 program fee was provided for through the USGA Grant: Note: under "economic background" some examples of answers you may put include: low income, middle income, single parent, below poverty line, etc.

PART 1

Participant # 1: Name: _____ Age: _____

Gender (please circle): M or F

Economic background: _____ Race: _____

Participant # 2: Name: _____ Age: _____

Gender (please circle): M or F

Economic background: _____ Race: _____

Participant # 3: Name: _____ Age: _____

Gender (please circle): M or F

Economic background: _____ Race: _____

Participant # 4: Name: _____ Age: _____

Gender (please circle): M or F

Economic background: _____ Race: _____

Participant # 5: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 6: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 7: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 8: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 9: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 10: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

PART 2 Please describe each of the participants whose \$125 program fee was provided for through the **Matching Funds raised locally by your program:**

Participant # 1: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 2: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 3: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 4: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 5: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 6: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 7: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 8: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 9: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

Participant # 10: Name: _____ Age: _____
Gender (please circle): M or F
Economic background: _____ Race: _____

- 5) How many **Total** dollars did your organization raise to support your Tee Level Clinic?
\$ _____
- 6) Where did your Tee Level Clinic take place (driving range, golf course, par-3 course, school fields, etc.)? _____
- 7) How were the majority of participants transported to and from the program (school buses, program vans/buses, parents, walked, etc.)?
- 8) Please describe any programming or continued access opportunities that took place after the clinic ended.
- 9) What course(s) do the participants have access to (on their own) after the clinic is completed and how much does it cost to play?

Golf Course: _____ Cost: \$ _____

Golf Course: _____ Cost: \$ _____

Golf Course: _____ Cost: \$ _____

10) Did participants have access to the following facilities or special programs?
First Tee Facility: Yes _____ No _____
USGA-supported facility: Yes _____ No _____
Other: Yes _____ No _____ If yes, please identify: _____

11) Did participants use access cards or ID cards to receive discounts at local golf courses, learning centers or driving ranges? Yes _____ No _____

12) How did you determine which participants received the \$125 scholarships for your Tee Level Clinic?

13) How many instructors did your Tee Level Clinic use? _____

14) Were your instructors paid to instruct? Yes _____ No _____

Please list the number of paid instructors

PGA Professional _____

LPGA Professional _____

Other certified Professional _____

Non certified instructor _____

School teacher _____

Parent _____

Other _____

Please list the number of non-paid instructors

PGA Professional _____

LPGA Professional _____

Other certified Professional _____

Non certified instructor _____

School teacher _____

Parent _____

Other _____

15) How much was each instructor paid per hour?

Less than \$20 _____

\$20-\$30 _____

\$31-\$50 _____

More than \$50 _____

Other: _____

16) How many of the instructors charged a discounted rate? _____

17) How many volunteers provided instruction or assistance to your program?

Less than 10 _____

10 to 20 _____

More than 20 _____

18) Did you have instructional training for these volunteers? Yes _____ No _____

19) As a result of USGA assistance, did your program receive any of the following support?

Monetary Donations _____

TV coverage/Newspaper coverage _____

New Volunteers _____

Equipment donations _____

Awards _____

Discounts on access _____

Discounts on instruction _____

Other: _____

20) Please attach a financial report detailing revenues and expenses for the program (provided by Hook A Kid On Golf National Office).

***Please submit photos of your program and any press you received pertaining to this grant.**

Signature of Chief Executive Officer

Date

Title

Phone Number

Return completed final report and supporting documentation to:

Julie Toland
Program Coordinator
2050 Vista Parkway
West Palm Beach, FL 33411
1-800-729-2057
jtoland@nays.org

Please make sure the following items are included with your final grant report:

Signed Final Grant Report

Completed Budget Sheet

Photos of your Clinic

News Clippings or Press from your Clinic



Tee Level Introductory Clinic



2012 Budget

Tee Level Clinic Date

● Sources of Support

Local Sponsorship/Private Donations	\$ _____
USGA Matching Grant	\$ _____
Funds Contributed by Agency	\$ _____
Other	\$ _____

Total Revenue \$ _____

● Expenses

Number of participants (____ x \$125)	\$ _____
Course Fees (if any)	\$ _____
Shipping Cost	\$ _____
Transportation	\$ _____
Miscellaneous (Snacks, Trophies, etc.)	\$ _____

Total Expenses \$ _____