Sickles Athletic Booster Team Grant Form & Guidelines

The athletic booster offers small grants to teams to cover certain needs for their athletes or

that are related to specific athletic goals but not provided by the school or beyond fundraising ability.

The following list of things must be completed before an athletic booster team grant can be submitted:

- 1) Demonstrated support of Sickles athletic booster by team/coach
- 2) Team has a designated booster representative, and they attend booster club meetings
- 3) Fundraising has taken place to attempt to raise funds for this need

How the athletic booster evaluates funding requests from teams

When considering a request for funding, the athletic booster assesses the potential impact of the proposed project or resource on athlete needs, its alignment with the program's overall goals and priorities, and the feasibility of implementing the project within the given booster budget constraints/availability. Additionally, we may evaluate the request based on its level of innovation and the extent to which the project or resource addresses a pressing need. The evaluation process involves collaboration between athletic booster members, school administrators, and other stakeholders to ensure a fair and well-informed decision is made. The team's support of the athletic booster, including memberships, volunteerism and participation, is also considered.

Please note: Depending upon approval and where the items are being purchased, typically if the athletic booster approves the grant, the team may need to purchase the items and be reimbursed. In some instance, such as online purchases, if approved, athletic booster may make the purchase directly.

Submit form to Athletic Booster mailbox in the front office, or send an image to sicklesathletics@gmail.com

Thank you for your continued commitment to our school and our athletes!

FOR ATHLETIC BOOSTER USE ONLY:	
APPROVED DENIED: PARTIAL:	NEED FURTHER INFO
DATE OF PAYMENT/REIMBURSEMENT:	
AMOUNT:	СНЕСК #:

REQUEST FOR ATHLETICS GRANT:

TITLE OF GRANT REQUEST:
DATE:
AMOUNT REQUESTED: \$
NAME OF REQUESTING INDIVIDUAL/TEAM:

Are least 10% of your team's parents/sponsors current booster members?	YES NO
Does your team have a designated booster representative?	YES NO
Does your team's booster representative attend booster club meetings?	YES NO
Have you completed fundraising to attempt to pay for this need?	YES NO
Is desired materials/equipment information provided from a reputable vendor?	YES NO

PURPOSE OF FUNDS BEING REQUESTED AND HOW THEY WILL BE USED:

NUMBER OF ATHLETES THAT WILL BENEFIT:
APPLICANT PRINTED NAME
SIGNATURE
EMAIL ADDRESS:
A.B. BOARD APPROVAL: YES NO
ATHLETIC DIRECTOR SIGNATURE REQUIRED FOR APPROVAL:
ATHLETIC BOOSTER PRESIDENT SIGNATURE: