

Madison Sports Hall of Fame Club Otto Breitenbach Grant Application

Please print or type your responses on this application. Be as succinct and clear in your responses as possible. Applications will be evaluated based upon the depth, quality and clarity of the information provided. Limit your responses to the space provided.

Full name _____ Title _____

Phone _____ Email _____
(Primary representative of the club/organization/school)

Organization _____
(Club/school/youth team)

Legal name _____ Founding date _____

Tax status (circle one) for profit not for profit

Employer Identification Number _____

Address _____ Postal code _____

Phone _____ Email _____

Website (if any) _____

Sport (s) money used for _____

Age and number of athletes the grant will impact _____

Briefly describe how your organization provides Madison boys and/or girls sport opportunities and explain your organization's basic philosophy and goals?

Amount of financial request (up to \$750) \$ _____

Please detail the intended purposes for the grant funds and indicate when these funds will be used. Generally describe how your group's philosophy and goals will be implemented with these funds.

This grant request is partially judged on financial need so why would our club's help substantially assist your organization in meeting its sport goals.

Your organization acknowledges the importance to the Madison Sports Hall of Fame Club (MSHF) of verifying that the funds disbursed to your group are used in the manner described in this application. Your organization agrees to (a) maintain appropriate records of its use of all funds disbursed by the MSHF and (b) promptly upon the request of the MSHF to provide it with copies of such records and any other records the MSHF may reasonably request. The funds will be disbursed at the MSHF annual summer banquet held at the Monona Terrace Community and Convention Center. A group representative must be present at the banquet to receive the grant. Your organization agrees that the MSHF may recover from your group any funds disbursed pursuant to this application that were misused. Your representative represents and warrants that the responses in this questionnaire are true and accurate.

Signature of organization's primary representative	Date
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Send this application form– **no later than May 1st** to:

**Madison Sports Hall of Fame Club
% Pete Waite
6434 Shenandoah Way
Madison, Wisconsin 53705**

**or emailed to
waitepete@gmail.com**