



# American Youth Horse Council

6660 #D-451 Delmonico Dr. Colorado Springs, CO 80919  
(800) 879-2942 - (719) 594-9778 - Fax: (775) 256-0382  
E-mail: info@ayhc.com - www.ayhc.org

## AYHC Grant Application

### Information About You

Name of Applicant (if person) or Organization: \_\_\_\_\_

Name of Contact Person/Title with Organization (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Organization's Website (if any): \_\_\_\_\_

Is the Project/Event Coordinator different from the person above? \_\_\_ No \_\_\_ Yes – If YES, please complete below:

Coordinator of Event/Project: \_\_\_\_\_ Title of Coordinator: \_\_\_\_\_

Coordinator Address: \_\_\_\_\_

Coordinator Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Information About Your Event or Project

Name of Event/Project: \_\_\_\_\_

Anticipated Date(s) of Your Event/Project: (if applicable) \_\_\_\_\_

Location of Event/Project (if applicable) \_\_\_\_\_

Description of Project/Event (Please attach proposed schedule, topics, clinicians, speakers, etc.)

\_\_\_\_\_

Please answer the following regarding the event (use separate pages, if necessary):

(a) Whom will your Event/Project benefit? (Examples: "Youth Leaders in the state of Missouri," or "Adult and youth in the Pittsburgh community and surrounding counties," or "People of all ages in the Southwestern United States.")

\_\_\_\_\_

Please list the names of all other organization(s) that are co-sponsoring or collaborating in your

\_\_\_\_\_

Event/Project and describe their role in the Event/Project.

(c) Have other organizations or leaders in your community/industry shown support for your Event/Project? \_\_\_\_\_

Feel free to attach letter(s) of support or list their names

(d) How many people do you expect will be served by or attend your Event/Project? (Why do you believe this many?)

\_\_\_\_\_

(e) What efforts will be undertaken to inform these potential participants/attendees of the Event/Project?

\_\_\_\_\_

(f) Did this Project/Event occur before? \_\_\_ No \_\_\_ Yes – If YES, please complete below:

When? \_\_\_\_\_ Past number of attendees/per year \_\_\_\_\_

**More on Next Page**

**2007 Grant Application (continued)**

(g) Did you or your organization apply for AYHC funding in the past?  No  Yes – If YES:

Amount received: \_\_\_\_\_ Date(s) received: \_\_\_\_\_

Please attach a list of all event(s) or project(s) for which you have received AYHC funding in the past.

**Justification of Need**

Describe the specific use that the AYHC funds (if granted) would be put to: (Examples: "Worker salaries," "clinician fees," "clinician lodging/travel only," "refreshment expense during break on [date]," "expense of appreciation plaques for participants" or "scholarships for students who demonstrate need.") \_\_\_\_\_

Do you expect to receive funding for your Event/Project from any other sources?

Which ones?

How much do you expect to receive from those sources? \_\_\_\_\_

**Assurances By Applicant.** Applicant agrees to comply with these assurances if the application is approved by the AYHC: I/my organization will not discriminate on the basis of race, marital status, religion, sex, age, handicap, or national origin in administering the programs, events, or projects supported in whole or in part by this grant (if granted by the AYHC). I/my organization will acknowledge the AYHC's funding assistance in press releases, media contacts and printed, video, Internet, or audio material resulting from the programs, events, or projects supported in whole or in part by any grant awarded. If my/our project/event does not proceed, the funds will be returned promptly to the AYHC, and AYHC will be notified of the reason.

Signature of Applicant/Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Attachments** Please check, as appropriate, regarding all attachments to this application:

- Information regarding your Project/Event proposed for funding
- Letters of support
- List of all organizations co-sponsoring or collaborating in the Project/Event
- List of past funding
- Other useful information regarding the project for which funding is sought

**Please send to:** American Youth Horse Council  
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