**New England Swimming**

**Diversity & Inclusion Outreach Grant Application**

The primary purpose of the Diversity & Inclusion Outreach Program shall be to increase multi-cultural., ethnic, and socioeconomic diversity while fostering an inclusive environment to all levels of the sport including but not limited to competitive swimming. It is intended that this program will access underrepresented groups to promote, inform, support and expand competitive swimming throughout New England Swimming’s territory and communities.

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**Organization**

Organization Name:\_\_\_Click here to enter text.

Address:Click here to enter text.Click here to enter text.

City:Click here to enter text. State:\_Click here to enter text. Zip:Click here to enter text.

Contact Person:Click here to enter text. Tax ID#:Click here to enter text.

Phone:Click here to enter text. FaxClick here to enter text.

E-mail: Click here to enter text. DateClick here to enter text.

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**Organization Information**

Brief summary of history:

Click here to enter text.

**Organization Information (cont.)**

Mission and goals:Click here to enter text.

Description of current programs, activities and accomplishments:Click here to enter text.

If possible please provide local city or town demographics of youth served in program(s):

(If multiple cities and towns please feel free to attach on an additional page).Click here to enter text.

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**Organization** Click here to enter text.

**Grant Purpose:**Click here to enter text.

**Name of Program:** Click here to enter text.

Description of project goals and objectives (if this is a one-time event, please provide anticipated date, time and location):

Statement of need, event or challenge to be addressed (including a description of the target population, and how they will benefit from your organization’s efforts): Click here to enter text.

How many participants will your grant/event/program/project serve? What age group/ages if applicable? (i.e. (40) 7-14 year old beginning swimmers)

Click here to enter text.

Plans to accomplish the event, goals, objectives, and timeline for implementation. Please quantify

(ie In 2 months of M-W-F 45 minute sessions 35 participants will be able to swim 50 yards of freestyle and back stroke, 20 participants will be able to swim 100 yards of all 4 strokes, 10 participants plan to join their school swim team, 15 participants are joining the summer swim team.)

Click here to enter text.

Strategies that you will employ to implement your project/event/program.

(i.e. Please quantify staff to participant ratios, Training plan, projected meets and testing)

Click here to enter text.

Is this new or continuing work? Please quantify past outcomes.Click here to enter text.

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**Budget**

Total Project BudgetClick here to enter text.Funds Requested: Click here to enter text.

Other Funding Sources:

1. Click here to enter text.Amount receivedClick here to enter text.
2. Click here to enter text.Amount receivedClick here to enter text.
3. Prior grants received from New England Swimming: Click here to enter text.

Date:Click here to enter text. Amount received:Click here to enter text.

**Additional Information** (Please attach the following):

* A current expense budget for the project. Indicate the specific uses of the requested grant, if possible.
* Your organization’s current annual budget for the requested area.

A copy of your current IRS determination letter indicating 501(c)(3) tax-exempt status

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**Evaluation of the Program**

Description of how the success of your work will be defined and measured:

Click here to enter text.

What impact would this grant make for your organization/event/program/project?

Click here to enter text.

What will happen if we are unable to support your request at its fully requested amount?

Click here to enter text.

Would you consider being linked with a resource from New England Swimming for assistance partnering to achieve your need or desired outcome?

Click here to enter text.

Kindly identify what resources we might be able to provide.

Click here to enter text.

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**Submission Instructions**

* Please type or write clearly on this form.
* Please answer all of the questions if not applicable please indicate with N/A
* Please submit your application to:

New England Swimming Inclusion Committee

c/o Nadine Johnson-Jesionek

Najohnjes@gmail.com

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**Please Note: The application deadline is March1st and November 15th of each year.**

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