



**NEW ENGLAND SWIMMING
CLUB RECOGNITION/GRANT PROGRAM
2018-2019**

New England Swimming provides incentives to member clubs for participating in USA Swimming’s performance based club development programs, for their performance at the National and local levels, and to encourage participation in targeted areas for improvement within the LSC

To be eligible for this program:

A member of your club must have been in attendance at the 2019 Annual Meeting May 4, 2019.

Name the person who attended: _____ Club: _____

Club must have completed level 1 of USA Swimming’s Club Recognition Program prior to the qualifying period of this grant.

Qualifying period: Sept 1, 2018 – August 15, 2019 (all achievements must occur between these dates, in order to receive grant money) There is a \$5,000 limit per club

All applications must be received **before** September 1st 2019 **(by 11:59 on August 31st)**

PERFORMANCE:

USA-S Club Recognition Program (new levels achieved after Sept 1, 2017)

LEVEL	GRANT	Level Achieved	Award
Level 1	\$500		\$ _____
Level 2	\$600		
Level 3	\$700	Date Achieved: _____	
Level 4	\$800		

USA-S Club Excellence Program (new levels achieved after Sept 1, 2017)

LEVEL	GRANT	Level Achieved	Award
GOLD	\$1,000	_____	\$ _____
SILVER	\$ 750		
BRONZE	\$ 500	Date Achieved: _____	

VIRTUAL CLUB NATIONAL RANKING (highest ranking of SCY or LCM season)

RANK	GRANT	Ranking	Award
Top 100	\$ 500	_____	\$ _____
Top 300	\$ 400		
Top 500	\$ 300		
Top 1000	\$ 100		

- % of SWIMMERS COMPLETING IMX age 18 & U** (choose highest % in either SCY or LCM) Log into club portal, Scroll down to club reports, Click on club IMX statistics by Age Group Report and Download page 1 which is the IMX report

PERCENT	GRANT	Percent	Award
45-100%	\$500	_____	\$ _____

30-44%	\$400
15-29%	\$200

IMPROVEMENT IN PERFORMANCE AT LSC LEVEL (based on AA Motivational Standards)

Short Course Yards

1. Percentage of improvement in Freestyle _____
2. Percentage of improvement in Backstroke _____
3. Percentage of improvement in Breaststroke _____
4. Percentage of improvement in Butterfly _____
5. Percentage of improvement in Ind Medley _____

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5. Percentage of improvement in Ind Medley _____

Total percentage of improvement in SCY _____

5-9% improvement	\$ 250.00	
10-14% improvement	\$ 350.00	
15 & up % improvement	\$ 450.00	Total:

Total percentage of improvement in LCM _____

5-9% improvement	\$ 250.00	
10-14% improvement	\$ 350.00	
15 & up % improvement	\$ 450.00	Total:

Nationally and locally recognized swimmers*/coaches *List names of swimmers in all categories when you apply: A swimmer must be attached to your club for 60 days before the achievement in order to receive a grant in this section.*

% of 13 & Over swimmers who qualified and **GRANT**

competed at SCY Jr Nats, Nats	< 2% = \$50 per swimmer	# swimmers _____	\$ _____
	2%-3% = \$100 per swimmer	# swimmers _____	\$ _____
	4%-over=\$150 per swimmer	# swimmers _____	\$ _____

% of 13 & O swimmers who qualified	< 2% = \$50 per swimmer	# swimmers _____	\$ _____
and competed at LCM Jr Nats,	2%-3% = \$100 per swimmer	# swimmers _____	\$ _____
Open, Nats	4%-over=\$150 per swimmer	# swimmers _____	\$ _____

of Olympic Trial Qualifiers (achieved this year): \$100 per swimmer

List names: _____ #swimmers: _____ \$ _____

of swimmers who achieved a high point

award at all Age Group Championships \$15 per swimmer # swimmers _____ \$ _____
and Senior Championships

of swimmers who broke a NE \$25 per swimmer/\$100 per relay # _____ \$ _____
or NE/RES record

(# swimmers, not events, and relays count as one. Maximum 2 grants per swimmer per season)

List swimmers and meet: _____

Achieved a top ten national AG recognition or relay team

National Ind/Relay record \$50 per swimmer/relay # _____ \$ _____

of swimmers selected and participated

in an Eastern Zone, USA-S National Team or Camp, (list name and camp)

\$100 per swimmer # swimmers _____ \$ _____

of coaches selected and participated

on an Eastern Zone, USA-S National Team or Camp, (list name and camp)

\$100 per coach # swimmers _____ \$ _____

NE MEET PARTICIPATION

A swimmer must be attached to your club for at least 60 days before the achievement in order to receive a grant in this section.

MEET	GRANT	Meet Name	Award
Club attended a NE LCM Calendar Meet (not hosted by your own team, and not a Champ Meet. Limit one meet per season)	\$50.00	_____	\$ _____
Club attended a NE SCY Calendar Meet (not hosted by your own team) and not a Champ Meet)	\$50.00	_____	\$ _____
Club competed at SCY Senior Champs, SCY 10 & Under Challenge, SCY 11-14 Champs, SCY 15-18 Champs, LCM 12 & Under Champs, LCM 13-18 Champs, LCM Seniors Champs			\$50/meet \$
# swimmers who attended ZONES from your team \$25 per swimmer		# swimmers _____	\$ _____

CLUB

OFFICIALS *Officials must be up to date on all requirements set forth by NE Swimming and have their sessions logged into OME for verification. The officials must be registered under your club name

	GRANT		Award
% of Officials per registered athletes		% _____	\$ _____
3-5% \$100.00			
6-9% \$200.00			
10% & up: \$300.00			
Our club has hosted an Officials clinic: (list date, facilitator)		# _____	\$ _____
	\$50 each		
Club Retention Rate* - \$25 for each % over 80 (no more than 100%)(MAX \$500) (*based on portal calculation)		# _____ over 80%	\$ _____

COACHES

Coaches who attended a coach clinic sponsored by USA Swimming or ASCA? (\$50 ea) \$ _____

List names and submit proof

Coaches who train 4 or more times per week and keep track of their workout and nutrition results (provide proof) \$50 each, \$_____

of coaches who have completed Level 2 ASCA within this qualifying period \$50 each # _____ \$_____

of coaches who have completed level 3 ASCA within this qualifying period \$100 each # _____ \$_____

Coach retention rate: # of coaches on team for the last three-four consecutive years? #_____ @ \$10 each \$_____

of coaches on team for the last five-9 consecutive years? #_____ @ \$15 each \$_____

of coaches on team for the last 10+ consecutive years #_____ @20 each \$_____

of athletes who competed on your team for at least 3 years and have become a coach for your team: \$50 each

LIST EACH COACH

Team provides a Nutritionist or Registered Dietitian for consults or provided a workshop for swimmers/parents. List contact info of the Dietitian and must be on your website: provide link

\$50 each # _____ \$_____

Team hosted a Safe Sport Workshop thru NE Swimming \$100 each # _____ \$_____

Clubs have completed the Safe Sport club recognition : \$100.00

75% of athletes have ethnicity reported on their registration upload: **Office will calculate:** \$100.00

75% of eligible athletes have year of high school graduation reported on their registration upload. \$100.00

NES Community Support

GRANT

Award

Our club hosted at least one NE Swimming Calendar Meet \$50 per meet # meets: _____ \$_____

Our club hosted a meet with all IMX events included and scored \$50 per meet # meets: _____ \$_____

Our club sponsored a FREE clinic that was open to \$50 per clinic # clinics: _____ \$_____ other clubs in the NE LSC (not an officials clinic)

Our club ran a meet and included a Safe Sport table for the swimmers and spectators: (name meet(s) : _____ \$50 per meet \$_____

Our club participated in a community service Fundraiser/Equipment Drive (supply flyer or info) \$50 per event # events: _____ \$_____

Our club sponsored a Water Safety Day with the NES Diversity/Inclusion Committee \$50 per clinic # clinics: _____ \$_____

One club non-athlete HOD member attended the Annual HOD meeting (list name) \$50: _____ \$ _____

One athlete HOD member attended the Annual HOD meeting (list name) \$50: _____ \$ _____

A coach attended an Board meeting: (list meeting and date) \$50: _____ \$ _____

TEAM

\$50 for each "yes" below. All but 1 are a USA Swimming, or Federal requirement (you cannot receive credit for any item below that you already did in previous years)

Parent and Athlete Safe Sport Education Program link on your website-*supply link* yes ___ \$ _____

Code of Conduct, club travel, & Bullying policies posted on your Club Website – *supply links* yes ___ \$ _____

COPPA Link on your Club Website - *supply link* yes ___ \$ _____

NE Swimming Logo (not just text) on your Club Website – *supply link* yes ___ \$ _____

yes ___ \$ _____

Are your Coach Bios Current on your Club Website – *supply link* yes ___ \$ _____

Club Governing Body Meetings that include: **Coaches, Officials, Athletes, Parent Volunteers** – supply names & dates for 1 meeting within last 18 months: (NOT a coach meeting) upload or provide link to meeting announcement: yes ___ \$ _____

TOTAL REQUESTING: \$ _____

Forward this application with any back-up information to the NE Swimming Office before 11:59 PM on August 31, 2019. If you do not provide the back up or detail for your requested categories, you will not be reimbursed.

All information provided on this form will be confirmed through the NE Office before payment is issued.
New England Swimming Office
1241 Highland Ave Rear
Needham, MA 02492

Name Signature

Position Date