



**Metro DC-Virginia  
Soccer Association  
GRANT  
PROPOSAL**

**LEAVE BLANK—FOR MDCVSA USE ONLY.**

Date Received

App #

Reviewed (Month/Year)

Approved

**YES**

**NO**

Amount: \$

**1. POINT OF CONTACT INFORMATION**

NAME (Last, first, middle)

MAILING ADDRESS (*Street, city, state, zip code*)

TELEPHONE (*Area code, number and extension*)

work

home

cell

E-MAIL ADDRESS:

**2. TOURNAMENT INFORMATION**

NAME OF TOURNAMENT

MDCVSA ORGANIZATION SPONSORING TOURNAMENT

YEAR TOURNAMENT BEGAN:

TOURNAMENT DATE

**TOTAL** NUMBER OF TEAMS  
PARTICIPATING LAST YEAR

**TOTAL** NUMBER OF **MDCVSA** TEAMS  
PARTICIPATING LAST YEAR

From

Through

**3. BUDGET INFORMATION**

TOTAL COST OF TOURNAMENT

FUNDS REQUESTED THIS PROPOSAL

OTHER SOURCES OF FUNDS FOR HOSTING THIS EVENT.

**4. MDCVSA IMPACT—DESCRIBE BELOW WHAT PROMOTIONAL ACTIVITIES YOU WILL DO ON BEHALF OF MDCVSA AND THE MISSION OF MDCVSA DURING YOUR TOURNAMENT (I.E. SIGNAGE, PROMOTIONAL ITEMS, ADVERTISING, ETC.)**

**MDCVSA GRANT PROPOSAL - CONTINUATION PAGE**

PROJECT LEAD/NAME OF TOURNAMENT (same as entered on page 1)

**5. PURPOSE OF GRANT (DO NOT EXCEED THE SPACE PROVIDED).**

What do you plan to use the grant money for? Include how this project aligns with the MDCVSA purpose. Drawings, schedule, or other amplifying information is welcome, but please stay within space limitation. This is meant to serve as a succinct and accurate description of the proposed project when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information.

APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with MDCVSA terms and conditions if a grant is awarded. I am aware that any false, fictitious, or fraudulent statements may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF REQUESTER

DATE