



Grant Application

Organization Information

Name: _____

Are you a 501(c)3 organization? Yes No If Yes, please provide tax identification number: _____

If No, are you affiliated with a 501(c)3? Yes No If Yes, please provide name of affiliated organization and contact name / phone number. _____

Address: _____

Phone: _____

Number of years operating: _____

Website (if applicable): _____ Social Media: _____

Primary Contact Information

Primary contact name: _____

Primary contact phone: _____ Primary contact email: _____

Request Information

Please describe the program/project for which you are requesting funds (please attach a program/project budget and any other additional information / documentation that supports this request): _____

Please provide specific details as to what part of the above program/project this grant would fund: _____

Sports Fun(d) is focused on increasing the number of youth who currently participate in existing programs and creating new programming opportunities. If awarded funds for an existing program, approximately how many additional youth will participate? If awarded funds for a new program, how many youth will participate? _____

What are the demographics of youth targeted for this program/project (age, race, gender)? _____

Where will the program/project be held? _____

Program/project start date: _____ Duration: _____

Total program/project cost: _____

Amount requested from SportsFun(d): _____

How To Submit

Email completed application to Luke Gamble (lgamble@louisvillesports.org), or mail to the below address:

SportsFun(d)
c/o Louisville Sports Commission
401 West Main Street, Suite 2200
Louisville, KY 40202