

**AVAILABLE GRANT PACKAGE CATEGORIES**

**Women's Package**

- 20 field player sticks
- 11 pairs of protective eyewear (goggles)
- 1 goalie stick
- 1 goalie helmet
- 1 full set of protective goalie pads
- 2 officials kits (shirt, whistle, cards, flag)

**Men's Package**

- 20 field player sticks
- 10 full sets of protective equipment for field players (gloves, arm guards, shoulder pads, helmets)
- 1 goalie stick
- 1 full set of protective equipment for goalie (gloves, arm guards, shoulder pads, helmet)
- 2 officials kits (shirt, whistle, flag)

**Officials' Package**

Specify  
Men's or Women's

- 2 shirts
- 2 whistles
- 2 flags
- 2 card (women's)
- 2 lanyards

**Program Package**

Men's

- 20 field player sticks
- 10 full sets of protective equipment for field players (gloves, arm guards, shoulder pads, helmets)
- 1 goalie stick
- 1 full set of protective equipment for goalie (gloves, arm guards, shoulder pads, helmet)
- 2 officials kits (shirt, whistle, flag)

Women's

- 20 field player sticks
- 11 pairs of protective eyewear (goggles)
- 1 goalie stick
- 1 goalie helmet
- 1 full set of protective goalie pads
- 2 officials' kits (shirt, whistle, cards, flag)

**NOTE: Only ONE application per country/organization is permitted.**

**ELIGIBILITY REQUIREMENTS**

- Applicant must be entering its first year of operation.
- Applicant group must fall under one of the following categories:
  1. Emerging nation
  2. Associate member
  3. Selected Full members
  4. Outreach program
- Applicant group must be in a developing stage of lacrosse.
- Applicant group must have demonstrated financial need (a program for which current participant and outside financial contributions cannot fully cover associated start-up costs) and an established plan for providing other needed items for start program (beyond equipment).

## APPLICATION REQUIREMENTS

- Applicant must be a current or prospective member of FIL (apply via e-mail, or contact the Development Officer at [www.filacrosse.com](http://www.filacrosse.com))
- You may only apply for **ONE** grant.
- Please **DO NOT** submit additional materials (brochures, certificates, presentations, videos, etc.).
- **All** of the above requirements must be followed in order for your application to be reviewed and considered. *Only complete applications will be considered.*

Thank you for your attention to these requirements.

## EQUIPMENT GRANT RECIPIENT REQUIREMENTS

*Groups awarded an Equipment Grant must meet the following requirements to receive their equipment.*

- Submit a history of lacrosse in your country and pictures of players with equipment.
- Provide a list of players who actually received grant equipment.
- Submit an end of season report, progress summary and evaluation of this program.
- Reflect FIL grant support by including FIL promotional materials and references in communications with participants and country members (mail, websites, social networking sites, etc.) and providing quotes regarding the Grant Program when appropriate and when requested by FIL.
- FIL Grant Equipment is NOT to be resold.
- FIL reserves the right to terminate a Grant Agreement based on violation of the above terms. If the Grant is terminated because of a violation of the terms of the agreement, then the program must return all of the grant equipment to FIL at the program's own expense.



**PLEASE MAIL APPLICATION PACKETS TO:**  
**APPLICANT INFORMATION (ALL INFORMATION IS REQUIRED)**  
Please circle appropriate title, entity, etc.)

**Applicant name:** Ms. Mrs. Mr. \_\_\_\_\_

**Applicant Country / Organization name:** \_\_\_\_\_

**Mailing address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_

**Phone:**

Home (+Country Code) \_\_\_\_\_

Work (+Country Code) \_\_\_\_\_

Fax (+Country Code) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Relationship to / experience with applicant group:** \_\_\_\_\_

\_\_\_\_\_

**Will all program participants (players / coaches) be members of your organization?**    Yes    No

**GRANT PACKAGE DESIRED (PLEASE CHECK ONLY 1 PER APPLICATION):**

Women's Package

Men's Package

Program Package

Officials' Package

**APPLICANT CATEGORY (PLEASE CHECK ONLY 1 PER APPLICATION):**

Emerging country

Associate Member

Outreach Program

Full Member

**COUNTRY APPLICATION – DETAILS:**

1. Describe your proposed program

*Reason / Need for Program:*

*History / Development Background:*

*Purpose and Mission Statement:*

*Number and Gender of Participants:*

***Intended Start Date and Length of Season:***

***How many teams are viewed as competition for your program? In your city? Within 25-50 miles?***

***Additional Information:***

***Is your organization / team part of a broader development plan for your area?  
Please explain how your program will play a role?***

2. Please describe your organization's financial need and fundraising efforts with regards to starting the new program:

3. In addition to equipment, there are many other components critical to the success of a new lacrosse program. Please explain how each of the following will be provided. Include all matching financial and/or in-kind resources that have been secured:

**Coaches**

- Training fee
- Salary (if applicable)

**Officials**

- Training fee
- Uniform/resources
- Game fee

**Administration**

- Support staff
- Flyers & mailings
- Website
- Phone line

**Playing area**

- Field development
- Rental fees
- Field maintenance costs



**3. cont.**

**Transportation**

- To/from games
- To/from practices

**Equipment**

- Helmets
- Protective gear
- Sticks
- Jerseys
- Shorts/kilts
- Footwear  
(cleats/studs)

**Recognition & Awards**

- Player
- Volunteer
- Staff
- Banquet
- Award categories

**Other**







**INCLUDE CONTACT AND SHIPPING INFORMATION**  
*Please note that the following contact/shipping information will be supplied to participating equipment providers and manufacturers for shipping and equipment information only.*  
Monetary unit = US\$

**1. Shipping Information**

**Shipping contact:** Ms. Mrs. Mr. \_\_\_\_\_

**Shipping Country / Organization name:** \_\_\_\_\_

**Shipping address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_

**Phone:** \_\_\_\_\_

(+Country Code) \_\_\_\_\_

Fax (+Country Code) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**2. Equipment Information**

Type of grant (please check one):

Women's Package

Men's Package

Program Package

Officials' Package

Team colors (if applicable): \_\_\_\_\_  
*(Manufacturers will try to fill equipment requests based on team colors, but it will depend on product availability.)*

**3. Other Information:**