



# SAWA Grassroots Growth and Development Program – Grant Application and Follow-up Report

Wrestling Coach Development Activity						
Location	Event and Description	Date	Hours		Actual Attendance Numbers of Under Represented Populations	Event Verification (Name and contact information)
			Planned	Actual		
					Aboriginal / Metis: Female: Other:	
					Aboriginal / Metis: Female: Other:	
					Aboriginal / Metis: Female: Other:	

Wrestling Officials Development Activity						
Location	Event and Description	Date	Hours		Actual Attendance Numbers of Under Represented Populations	Event Verification (Name and contact information)
			Planned	Actual		
					Aboriginal / Metis: Female: Other:	
					Aboriginal / Metis: Female: Other:	

Other Activity						
Location	Event and Description	Date	Hours		Actual Attendance Numbers of Under Represented Populations	Event Verification (Name and contact information)
			Planned	Actual		
					Aboriginal / Metis: Female: Other:	
					Aboriginal / Metis: Female: Other:	

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Spending Plan Project Budget	
Grassroots Growth and Development Grant Requested	\$
Projected Expenses	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Projected Expenses</b>	\$
<b>SAWA Use Only (Applications are reviewed by the High Performance and Technical Committee and then submitted for Board Approval)</b>	
Amount Approved	

Follow-up Actual Project Costs	
Grassroots Growth and Development Grant Received	\$
Actual Expenses	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Expenses</b>	\$
<b>SAWA Use Only (Applications are reviewed by the High Performance and Technical Committee and then submitted for Board Approval)</b>	
Amount Approved	

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**Application – We the undersigned declare that to the best of our knowledge all of the information in this application is true.**

**Club Official #1**

Position	Name	Signature	Date

**Club Official #2**

Position	Name	Signature	Date

**Follow-up - We the undersigned declare that to the best of our knowledge all of the information in this report is true.**

**Club Official #1**

Position	Name	Signature	Date

**Club Official #2**

Position	Name	Signature	Date

**SAWA Use Only (Applications are reviewed by the High Performance and Technical Committee and then submitted for Board Approval)**

**Application**

Date processed	Plan		First Half Grant Payment (50%)	Executive Director Signature
	Meets Criteria Approved	Does Not Meet Criteria	\$	

**Follow-up**

Date processed	Follow-up		Second Half Grant Payment (Receipts Verified)	Executive Director Signature
	Meets Criteria Approved	Does Not Fully Meet Criteria	\$	