



Massachusetts Hockey Mike Cheever "Grow Hockey" Development Program

2019 Season

Final Application

Deadline: February 15, 2019

Final Applications must be submitted through on-line portal. All application questions can be emailed to cheeverinfo@mahockey.org

PROGRAM INFORMATION:

Program Tax ID: Is your program a 501 c (3) corporation? ☐ Yes or ☐ No

Program/District Name:

Program/District Contact:

Program Address:

City: Zip code:

Program's Website, Facebook, Twitter, Instagram and/or YouTube Account (If applicable):

CONTACT INFORMATION: (please list the contact person responsible for all communications related to this application)

Program Representative Name:

Home Phone: Mobile:

Email:

Q1: PROPOSED IDEA:

- a. Are you proposing to replicate/modify one of the previously funded grant topics/ideas currently listed on the Cheever website or will you be submitting a new innovative idea?

(Please be sure to review our website's short list of previously funded grants. Since not all of the past 9 years of funding are listed, we reserve the right to reassign your application to the appropriate idea category listed below.)

☐ Replicated/Modified Idea ☐ Innovative Idea

- b. Title/name of your idea. (Note: only one idea per application will be accepted)

- c. Detailed description of the idea you are wishing to implement. Be specific in terms of the age group the idea will target, and when the proposed program will be conducted.

- d. List three keywords that best describe your proposed idea.



Q2: IMPACT: How will this proposed idea benefit your program? Explain the anticipated impact to your program’s growth/retention.

Q3: OBJECTIVES: Outline two specific objectives you have for this idea. Be sure to describe the plan for meeting each of the listed objectives.

Q4: METRICS: Are there clear and observable methods for evaluating the proposed idea, including benchmarks for future success? List the measures to be used to determine success; post implementation.

Q5: COLLABORATION (OPTIONAL): List other agencies with which you may collaborate with for implementing your proposed idea whether it is in the way of funding, in-kind donations, volunteer support, recruitment, advertising, etc. Describe the benefits of these collaborations. While there is no requirement to collaborate, collaboration may strengthen your submitted proposal. *(Be sure to include any collaborative funding in the Q7 Budget section below)*

Q6: SUSTAINABILITY: Has your organization committed to launching this proposed idea even if funding is not granted? If yes, what are the current plans for funding the idea (not including Cheever grant monies)?

If granted an award, indicate how the proposed idea will be sustained after the funds from Cheever grant are exhausted?



Q7: BUDGET: Provide a detailed list of income and expenses you will need to implement your idea. Include all income, including any anticipated fees from participant enrollment and sponsorships.

Example budget sheet:

Income	\$ Amount
Example: Registration Fee \$100 x 50 kids	\$5,000.00
Total Income	\$5,000.00

Expenses	\$ Amount
Example: Ice time \$250/session x 8 sessions	\$2,000.00
Example: 50 sets of One Goal Equipment	\$4,000.00
Total Expenses	\$6,000.00

Net Income/Expenses	\$ Amount
(Total Income-Total Expenses):	(\$1,000.00)

Cheever Grant Funding	\$ Amount
Grant Dollars Requested :	\$1,000.00

(Important note: Cheever Grant does not fund for paid coaches/skating instructors or capital items such as rinks, boards, etc.)

Q9: RESPONSIBLE PERSON(s): Identify who will have primary responsibility for implementing this proposed idea, and provide a description of his or her qualifications. Identify any/all support staff that will be used.

Grant Contact Person	Qualifications	Phone	Email

Support Staff	Phone	Email