

**RECREATION GRANT
REQUEST FORM**
Municipality of Skagway

RECEIVED

MAR 28 2024

MUNICIPALITY OF SKAGWAY

www.skagway.org

h.rodig@skagway.org

PO Box 415

Skagway, AK 99840



Form available on-line at: www.skagway.org

Name of Group, Club or Organization Skagway Youth Athletics			
Mailing Address PO Box 1236 (SSD-CDS fiscal sponsorship)			
City/State/Zip Skagway		Main Telephone (907)612-0410	Fax
Contact Person Ross Barrett	Telephone (907)612-0410	E-mail director.skagyap@gmail.com	
Contact Person SSD-CDS (fiscal sponsorship)	Telephone (907)983-3414	E-mail director@skagwaydevelopment.org	
Summarize your project in one sentence: Providing Skagway's youth with the experience of athletics			Grant Request Amount \$ 3000

1. What is your organization's Mission Statement?

To provide Skagway's youth community the opportunity to learn, enjoy, and benefit from the experience of athletic activities

2. Provide a brief description of your organization's history.

This program was previously t-ball and little league for ages 6-14. 2023 was the first year of the program expanding to t-ball, little league baseball, soccer, flag football, and basketball. Each activity consists of a two week introduction to these activities where they can learn the rules and fundamentals in a safe and positive environment.

3. What recreational services does your organization provide to the community? In your answer, describe the population served (e.g. youth, elderly, low-income), the numbers served, and how your services meet the needs of Skagway citizens.

This organization provides the youth of skagway the opportunity to learn the value of teamwork, exercise, and competition in a fun and supportive environment. The number of participants in previous years is typically between 40 -50 children and approximately 10 volunteer coaches.

4. If the project or program requires additional funding, how will the additional funds be raised?

If additional funding is required, Skagway Youth Athletics will be asking for donations from local organization such as the Elks club BPOE #431 and Eagles FOE #25. Other options would be donations form local businesses.

5. Attach a copy of your organization's annual budget and/or program budget.

ACKNOWLEDGEMENT

By my signature below, I hereby acknowledge that the above-named club/organization does not discriminate on the basis of race, color, religion, creed, national origin, gender, sexual orientation, disability, age, or any other legally protected status or basis prohibited by law.

Ross Barrett

Printed name



Signature

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Rec Board Review Date: _____	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Amount Approved:	\$ _____
Date Applicant Notified: _____	