



Iowa Department of Natural Resources  
**Iowa Archery in the Schools Foundation**  
**Equipment Grant Application Form**

Department Use Only
Date Received: _____
Grant Year: _____

This grant application needs to be filled out completely and thoroughly. New schools are eligible for up to \$1,000 towards the purchase of a standard bullseye or 3D equipment kit. Existing schools are eligible for up to \$200 towards the purchase of replacement equipment if they order a minimum of \$800. Grant applications will be accepted and reviewed on a first come, first serve basis during the grant cycle. To review eligible equipment items and their associated costs visit: <https://www.naspschools.org/gear/ordering>. Grant dollars must be allocated to recipients by March 31<sup>st</sup> annually. Successful grant recipients will be notified by the Iowa NASP<sup>®</sup> Coordinator and provided with additional instructions on ordering. Equipment must be ordered by April 30<sup>th</sup>.

Please type or print

**School Information**

School type (check all that apply)

School District \_\_\_\_\_  Elementary  Middle  High

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Is this where the equipment will be shipped?  Yes  No

Alternative Shipping Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Contact person/s for this application**

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Grade Levels the program will be offered to  4  5  6  7  8  
 9  10  11  12

Estimated number of students to receive NASP<sup>®</sup> \_\_\_\_\_

Estimated number of students in the district \_\_\_\_\_

Grant application for  Bullseye  3D

Overall Total Equipment Cost: \_\_\_\_\_ *Some schools may be adding additional items, request certain targets or bow rack etc.*

Total Grant Amount Requesting: \_\_\_\_\_ *Review maximum grant dollars available for bullseye and 3D.*

Have you already secured the matching funds?  Yes  No

List of Active Certified BAI Instructors (First and Last Name) \_\_\_\_\_

List of instructors who need BAI certification (First and Last Name) \_\_\_\_\_

Equipment users (Check all that apply)  School Teachers  Park or Rec Program  Summer Camp  
 Afterschool Competitive NASP<sup>®</sup> Program  Other \_\_\_\_\_

Describe how you plan to use the NASP<sup>®</sup> Equipment:

Does your school currently have a NASP<sup>®</sup> afterschool bullseye archery program?  Yes  No

If yes, who is the primary user or equipment owner? Please describe to ensure all parties understand their responsibility.

If no, is your school interested in starting one?  Yes  No

Will the equipment be used in physical Education for the 2 weeks or 10-hour standard NASP® program?  Yes  No

Explain:

Will the equipment be used in multiple schools?  Yes  No

Explain:

Will the equipment be used in school gymnasiums?  Yes  No

Explain:

Will the equipment be used outdoors?  Yes  No

Explain:

Will the contact person listed above be responsible for all aspects of the equipment including repair/maintenance, checkout to other schools/groups, storage etc.?  Yes  No

If no, please provide the name and contact information of person responsible or list local archery shop will be used.

\_\_\_\_\_  
Name of School Representative (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Afterschool Representative (print)(if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail Application To:**

**Iowa DNR**  
**Attention: Zach Benttine**  
**502 E 9<sup>th</sup> St**  
**Des Moines IA 50319**  
[Zachary.Benttine@dnr.iowa.gov](mailto:Zachary.Benttine@dnr.iowa.gov)  
**(515) 205-8709**