

## 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 \$1,500 towards an order of \$3500. Existing schools are eligible for up to \$400 off 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: <u>https://www.naspschools.org/gear/ordering</u>. Grant dollars must be allocated to recipients by March 31<sup>st</sup> annually. Successful grant recipients will be notified by the Iowa NASP® Coordinator and provided with additional instructions on ordering. Equipment must be ordered by April 30<sup>th</sup>.

Please type or print
School Information
Elementary Middle High School type (check all that apply)
School District
School Name
Mailing Address
Telephone
Contact person/s for this application
Email Telephone
Grade Levels the program will be offered to456789101112
Estimated number of students to receive NASP <sup>®</sup>
Estimated number of students in the district
Grant application for Dullseye 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?
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
Describe how you plan to use the NASP® Equipment:
Does your school currently have a NASP® afterschool bullseye archery program?
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 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		
Email Application To:		

Zachary.Benttine@dnr.iowa.gov (515) 205-8709