

OSSINING ATHLETIC BOOSTER CLUB

2010-2011 Funding Form

CRITERIA

Ossining Athletic Booster Club mission: The Ossining Athletic Booster Club (**OABC**) is a non-profit volunteer organization comprised of parents, students, and other community members who have an interest in enhancing the athletic programs of the Ossining School District. **OABC** operates to assist the athletic department and our student athletes by promoting a positive atmosphere. The Ossining Athletic Booster Club also provides moral and financial support needed for a successful athletic program.

Application Eligibility:

- Funding request will only be accepted from Ossining School District's Athletic Department or school teams.

Submitting a request: Send to: **Ossining Athletic Booster Club** * PO Box 1 * Ossining, NY 10562

- If you have questions please call Kay Hawley at (914) 945-0612 / email: hawbru@optonline.net, or Lucy Dubray at (914) 227-0082 / email: lucymd@aol.com.

What **OABC** will not fund:

- Travel expenses for team and coach participating in a camp, workshop or seminar off campus or out of school district.
- Personal Items which will not be returned to the Athletic Department

Recipient of **OABC** funding will be required to:

- Attend a Booster Club meeting (**second** Tuesday of each month) during or at the end of the season which money was intend for. The purpose is to give a report on how the money was used.
- Provide receipts and other documentation regarding funding of particular equipment or service (for accounting purposes)

Applicant Name (s) _____

Sport _____

Level (varsity, JV, modified) _____

Phone number _____

Email address _____

Amount requested _____

Date money is needed _____

OSSINING ATHLETIC BOOSTER CLUB

2010-2011 Funding Form

Page 2 - Funding Form

Cost of equipment: list items to be purchased, quantities to be purchased and cost. Please attach a receipt if already purchased. Equipment is defined as: Uniforms, athletic and other equipment that will enhance the teams performance.

Item(s)	Purpose	Quantity	Total Cost

Cost of purchased services: list name of outside consultant/performer; explain role or purpose; list total hours, indicate rate. Attach information on this person or service.

Name of person/service	Role/purpose	Total Hours	Rate	Cost

Other: Please be specific

Name of team/person	Description of purchase	Cost