

Tennessee Wildlife Federation
GRANT APPLICATION FOR SCTP TRAP MACHINE

**BUSINESS CONTACT INFORMATION
(FOR PERSON OR ORGANIZATION MAKING APPLICATION)**

| | | | |
|---------------------------------|-------------|---------|-------------------|
| Name: | | Title: | |
| Company name: | | | |
| Business Phone: Other Phone: | | Fax: | E-mail: |
| Primary Business address: | | | |
| City: | | County: | State: ZIP Code: |
| Check Type of Business: | | | |
| LLC., Inc., Corp., etc: | Non-Profit: | Other: | Federal Tax ID #: |

CLUB & MEMBER INFORMATION

| | | | | |
|--|--|--|--|--------|
| Does your club require membership? | | If yes, what is the cost for...Adults: | | Youth: |
| How many trap fields are operational? | | | | |
| Any plans for growth? | | | | |
| Does your club have a dedicated SCTP field? | | | | |
| When would SCTP Teams practice? | | | | |
| Distance to next closet trap shooting facility (miles, city & county): | | | | |

How many separate teams (schools) name your facility their "Home Club of Record"?
Please list Team name and Head Coach name & Number of Shooters (If applying as a team, attach a roster)

| | <u>Team</u> | <u>Head Coach</u> | <u># of Shooters</u> |
|-----|-------------|-------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*If you need additional room please attach separate sheet. If your a team, please attach a roster.

Total number of SCTP shooters these listed teams currently have?

PLEASE CHECK TYPE OF REQUEST*

| | |
|---|--|
| Requesting a loaned machine: <input type="checkbox"/> | Requesting a "lease to own" machine: <input type="checkbox"/> |
| Requesting a training machine: <input type="checkbox"/> | Purchase of a new machine through TWF/SCTP: <input type="checkbox"/> |

SIGNATURES

1. All applications will be reviewed by the Tennessee SCTP Steering Committee.
2. Applications must be received by March 1st or September 1st either spring or fall review.
3. You will be notified within 14 days of a decision being reached regarding this application.

FOR OFFICIAL USE ONLY*

| | |
|--|---------------------|
| Date of Request: | Date of Review: |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Follow-Up <input type="checkbox"/> | Chairman Signature: |

Notes:

*Additional information may be attached

