1. PROJECT TITLE:
   Its priority ranking is ___ of ___ grant applications submitted to the United States Diving Foundation for funding.

2. TOTAL GRANT REQUEST:

3. FUNDING PERIOD REQUESTED AND DISBURSEMENT SCHEDULE
   Funding Period Requested _____ through _________ I
   Requested Disbursement Schedule by Quarter:

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4. GRANT DIRECTOR
   Name:
   Title:
   Address:
   Organization Federal Tax ID (EIN):
   Organization IRC Status:
   Day Phone:
   Weekend Phone:
   List how many divers and coaches are in your club:
   List how many divers and coaches are registered with USA Diving:

5. PROBLEM: What is the Need?
6. OBJECTIVES:

7. PLAN OF ACTION:

8. JUSTIFICATION:

9. CONFIDENTIALITY – Please indicate any information within this application that should be marked as confidential:

10. GRANT DIRECTOR’S AGREEMENT: As Grant Director, I agree to observe the policies of the United States Diving Foundation and pursue the project as identified in this application to the best of my abilities. This application (has) (has not) been submitted to another source of funding. (NOTE: If submitted elsewhere, indicate details appropriately within application.)

   Signature: ___________________________ Date: ___________________________

NOTE: HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

U.S. Diving Foundation, PO Box 4352, Carmel, IN 46082
United States Diving Foundation, Inc. is described by IRS sections 501 (c) (3) and 509 (a) (1)

USDF-10-GA