USA Boxing "Coaching You Up" LBC / Sanction Holder Grant Application

USA Boxing is offering Sanction Holders and/or LBCs the opportunity to earn funds by being part of the US Aging Grant "Coaching You Up" KO Flu and Covid Education and Vaccine Program. By completing the before and after event applications and following the requirements, sanction holders and/or LBCs will be paid up to $1500 (funds based upon the division of duties agreed between LBCs and sanction holders and the participation by pharmacists*). **Limited grant opportunities are available for September 2023-March 2024 events, so submit this application ASAP even if your event is in late Fall or early 2024.**

Responsibilities for the partnership include:

Before the Event:

- Submit Page 1 of the attached "Coaching You Up" (CYU) application as soon as possible but at least 3 weeks prior to the event to Tanner Wiebelhaus at twiebelhaus@usaboxing.org.
- Designate the sanction holder and/or an LBC leader to be responsible for ensuring "Coaching You Up" requirements are met.
- Attend a Zoom meeting with USA Boxing staff the Wednesday prior to the event at 2:00 pm PT / 3:00 pm MT / 4:00 pm CT / 5:00 pm ET.
- Print at least 2 copies of each of the "Coaching You Up" signs (provided by email prior) to be displayed around the venue and at event registration and vaccine tables.
- Pick up vaccine flyers from a local printer and display at vaccine tables.
- Encourage boxers to invite grandparents, aunts, uncles, and guests over age 55 who will receive free admission to the event.
- Email "Coaching You Up" flyer to all registered participants (provided by email prior).
- Provide an area for a vaccine clinic at the event and set-up at least 2 tables and 4 chairs.

At the Event:

- Allow first 10 people 55 and over to get in free to the event.
- Post all "Coaching You Up" signs at the event (at registration table, entry etc.).
- Designate at least one volunteer to wear the "**Volunteer Button**" to answer questions about the program, explain use of the the sign's QR code, direct attendees to the vaccine clinic, and be the pharmacists' "go-to" contact, should they need something (the **Volunteer Button** will be mailed to the event sanction holder or LBC leader prior to the event).
- Provide the designated area for the vaccine clinic to include at least 4 chairs and 2 tables.
- Have someone announce the provided "Coaching You Up" script at least tow times.
- Take note of the number of boxers, officials, and spectators in attendance at the event (see page 2 of application for specifics).
- Take photos/videos of how the "Coaching You Up" promo materials and clinic area were displayed, and announcer and volunteer(s) engaged.

After the Event:

- **Submit page 2 of the application and the ACH payment form** to Tanner Wiebelhaus at twiebelhaus@usaboxing.org within 7 days after the event, **along with at least 5 photos/ videos showing how each requirement was met.**

**Please Note: If the pharmacists are unavailable for your event, the grant will be reduced to a maximum amount of $750 and only vaccine education will be offered.*

USA Boxing "Coaching You Up" Grant Application Page 1

Please submit Page 1 of this form no more than three weeks prior to the event, to Tanner Wiebelhaus at twiebelhaus@usaboxing.org.

Sanction #: _____ Sanction Date: _____

Venue: _____ LBC: _____

Who participated (completed work for partnership) check one:

○ LBC ○ Sanction Holder ○ Joint (LBC & Sanction Holder)

If LBC and sanction holder are working jointly, please provide both. Otherwise, provide one:

Designated Sanction Rep: _____

Email: _____ Cell #: _____

Designated LBC Rep: _____

Email: _____ Cell #: _____

Payment Name / Address (payment to LBCs will be ACH):

# of Boxers expected: _____ # of Officials/Volunteers expected: _____ # of Spectators expected: _____

By signing below, all parties acknowledge funding is only available upon agreeing to the "Coaching You Up" sponsorship requirements listed on page 1.

Sanction Holder E-Signature: _____ Date: _____

LBC Representative Signature: _____ Date: _____

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Office Use Only: Date Application Received _____ Attended Zoom Meeting: ○ Yes ○ No

USA Boxing "Coaching You Up" Grant Application Page 2

Sanction #: _____ Sanction Date: _____

Event Location: _____ LBC: _____

Designated Sanction Rep: _____

Designated LBC Lead: _____

Designated Volunteer(s) who assisted pharmacists: _____

Who participated (completed work for partnership) check one:

◯ LBC ◯ Sanction Holder ◯ Joint (LBC & Sanction Holder)

# of Boxers at the Event: _____ # of Officials/Volunteers: _____ # of Spectators: _____

Was a Vaccine Clinic Held: ◯ Yes ◯ No # of Pharmacists: _____

Did you email the flyer to participants prior to the event? ◯ Yes ◯ No

If yes, how many emails were sent? _____

If yes, what were the ages of the email recipients? _____

Was CYU information posted on social media (not required)? ◯ Yes ◯ No

If yes, how many people did it reach? _____

If yes, what social media platforms did you post it on? _____

If yes, please send a screenshot of the post to twiebelhaus@usaboxing.org

Please describe how "Coaching You Up" was promoted and implemented at the sanction:

Did you include 5 photos of how "Coaching You Up" was promoted? ◯ Yes ◯ No

Sanction Holder E-Signature: _____ Date: _____

LBC Representative Signature: _____ Date: _____

Check Request Office Use Only:

Did the sanction meet the necessary requirements? ◯ Yes ◯ No Staff Initials: _____

Amount to Sanction Holder: $_____ Amount to LBC: $ _____ Date payment processed: _____

CYU Applicant ACH Authorization Form - Pg. 3

Section 1 Information

Name: _____

Address: _____

Accounts Receivable Contact Name: _____

Phone #: _____

Email Address: _____

Section 2 Authorization Agreement

I/we hereby authorize USA Boxing, Inc. to initiate credit entries to my/our account listed below at the depository financial institution named below, and to credit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the law.

Select type of Account: ☐ Checking ☐ Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effective until USA Boxing, Inc. has received written notification from me/us of its termination.

_____ _____

Printed Name (to act as signature): Date: