



## Explore Archery Grant Application

This grant is administered by USA Archery thanks to generous contributions by The Association of Fish and Wildlife Agencies (AFWA) and the U.S. Fish and Wildlife Service (USFWS).

The goal is to expand archery into new communities across the United States, to recruit diverse instructors and to grow archery in urban and suburban areas.

Applicants should plan to send two employees per to attend a one- day USA Archery Instructor Academy. Upon completion, participants will be certified as a USA Archery Level 2 Instructor and be well prepared to implement the Explore Archery Program. Selected applicants will receive the Explore Archery Program curriculum and achievement awards, a range rules and steps of shooting poster and the equipment necessary to implement a the Explore Archery programs for beginners.

All grantees must commit to implementing a USA Archery Explore Archery Program for a minimum of five years and agrees to participate in follow-up surveys as requested by USA Archery over the same timeframe.

### Section 1:

**Organization Name:** \_\_\_\_\_

**Address (City, State, Zip):**

\_\_\_\_\_

**Main Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Why are you interested in certifying instructors and starting an Explore Archery Program in your community and/or organization?**

**Provide a brief description of the types of archery programs and events you will incorporate into your existing community program guide, associated fee structure and how you propose to market these programs to your participants (i.e. 1 day, 1 week or 6 week Explore Archery Program camps and/or instructional classes).**

**Please explain why awarding a grant to your community and/or organization will contribute to USA Archery's goal of a.) expanding archery into urban and suburban communities, and/or b.) to recruit diverse archery instructors:**

**Please complete the following section to provide a summary of the demographics of participants expected to register and participate in your Explore Archery Program(s):**

**What age groups will you provide Explore Archery Program(s) too (check all that apply)?**

8-12                      13-18                      18-35                      35-59                      60+

**How many participants do you anticipate your Explore Archery Program serve annually (select one)?**

10-50                      50-100                      100-150                      150-200

201+

Other: \_\_\_\_\_

**Understanding your community and organization please estimate expected participation rates by race by placing a number next to each option below (total must equal 100%):**

- \_\_\_\_\_ % Caucasian (*White*)
- \_\_\_\_\_ % African American (*Black*)
- \_\_\_\_\_ % Hispanic/Latino
- \_\_\_\_\_ % Asian
- \_\_\_\_\_ % Native Hawaiian or Pacific Islander
- \_\_\_\_\_ % American Indian or Alaska Native
- \_\_\_\_\_ % Two or more races

**Understanding your community and organization please estimate expected participation rates by gender (total must equal 100%):**

- \_\_\_\_\_ % Male
- \_\_\_\_\_ % Female

**Understanding your community and organization please estimate expected participation rates by household income (total must equal 100%):?**

- \_\_\_\_\_ % \$0-\$30,000
- \_\_\_\_\_ % \$31,000-\$60,000
- \_\_\_\_\_ % \$61,000-\$90,000
- \_\_\_\_\_ % \$91,000-\$120,000
- \_\_\_\_\_ % \$120,000-\$150,000
- \_\_\_\_\_ % 150,000+

Will subsidized programming be available for economically challenged participants and/or families? If yes, please explain:

Yes

No

Explanation:

List any potential partners who may assist or support your Explore Archery Program by providing range space, equipment repair or participant interest in your program. Check all that apply and a brief explanation of how they will assist with your program.

Local Archery Retailer/Pro Shop: \_\_\_\_\_

Local Archery Club: \_\_\_\_\_

Local Park and Recreation Department: \_\_\_\_\_

Multi-Sport Organization: \_\_\_\_\_

Other: \_\_\_\_\_

Would your organization be interested in starting a USA Archery [Junior Olympic Archery Development](#) or [Adult Archery Program USA Archery Club](#) to provide next step programs for participants who complete the Explore Archery Program?

Yes

No

Please explain:

**If selected to receive a grant, please describe where you will store the equipment kit. Please provide information on the storage location in relation to your archery range space, size of storage space, is it temperature controlled and/or locked and who controls the storage, etc..**

**Would your organization be willing and able to host a one-day Archery Instructor Academy in the Summer/Fall of 2024.**

**No**

**Yes**

**If yes, please answer the following questions:**

**What date(s) would be available to host the Academy?**

**Does the facility have Wi-Fi?**

**Do you have an indoor gymnasium or multi-use space with a distance of 9 to 18 Meters?**

**Do you have access to a classroom or ability to set up a classroom onsite with tables and chairs for up to 20 participants?**

**Other Information:**

## Section 2: Instructor Information

Up to two Instructors may apply to attend the USA Archery Instructor Academy. Please provide details for each instructor below.

### Instructor 1:

Name of Instructor: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Gender:      Male                      Female

Race:

Caucasian (*White*)

African American (*Black*)

Hispanic/Latino

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

Two or more races

Do you consider yourself to have a disability:      Yes                      No

If yes, please list any accommodations required for training (optional):

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Have you served in the military?      Yes                      No

**Instructor 2:**

Name of Instructor: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Gender:      Male                      Female

Race:

Caucasian (*White*)

African American (*Black*)

Hispanic/Latino

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

Two or more races

Do you consider yourself to have a disability:      Yes                      No

If yes, please list any accommodations required for training (optional):

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Have you served in the military?      Yes                      No

Please return applications to: [clubs@usarchery.org](mailto:clubs@usarchery.org) by June 15, 2024