****

**Southwest Guilford High School**

**Athletic Booster Club**

**2022-2023**

**Capital Fund Committee**

**Request for Proposals**

****

**Southwest Guilford High School**

**Athletic Booster Club**

**Capital Fund Guidelines**

**2020-2021**

The SW Athletic Booster Club - Capital Fund seeks to partner with its secondary booster clubs to fund projects that will help our players and coaches succeed. To that end the Capital Fund is looking to support projects that will bring a positive return on investment to SW Athletics by the following:

1. Returning money to us. (i.e., Buy a popcorn machine and make money)

2. Minimizes costs to the Athletic Department or booster club. (i.e., Spend money on a power washer and use volunteers rather than hiring someone to do the work.)

3) Builds SW Athletics enthusiasm/SW Brand Awareness (logo on the field restroom, wrapping the gator in SW logo, assisting students with buses for playoff games)

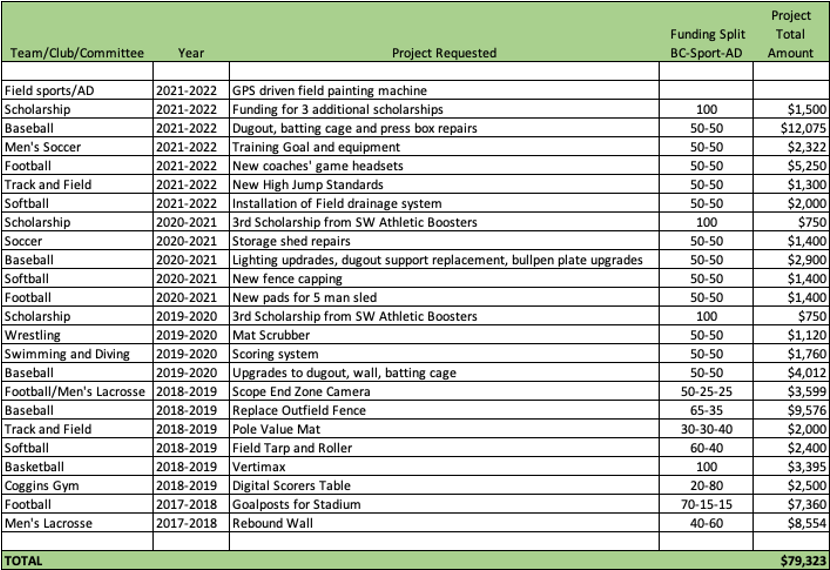
4) Encourages the raising of matching funds to achieve more with less. The capital fund is looking to support projects at a 50/50 split level unless the project is a multi-sport, then the capital fund may support up to 100%. If we have $20,000 in capital to spend, and if we get secondary clubs to match capital funds, then $20,000 turns into $40,000. Or If we have $20,000 in capital to spend, and we get secondary clubs to match $2 for every $1 the capital fund provides, then $20,000 turns into $60,000. Please submit a proposal indicating the amount each secondary club will contribute.

**Here’s how the SW Athletic Booster Club Capital Fund process works:**

|  | **Project Request Template**  **Emailed to team** | **Project Request Submission Deadline** | **Capital Committee Review Meeting** | **Send Team Notifications** |
| --- | --- | --- | --- | --- |
| **Fall/Winter Dates** | October 7, 2022 | October 31, 2022 | November 14, 2022 | November 18, 2022 |
| **Spring/Summer Dates** | February 10, 2023 | February 28, 2023 | March 13, 2023 | March 17, 2023 |

**Note**: Checks from Capital Fund are provided as last dollars of matching spend. (Spend secondary booster portion first, then main booster treasurer will transfer capital portion)

**SW Athletic Booster Club Capital Fund supported the following projects:**

****

\*These items will be used by multiple sports.

**NOTE: Delete pages 1-3 when submitting your project request.**

****

**SW Athletic Booster Club**

**Capital Fund Project Request**

**2022-2023**

**Date:**

**Club requesting Funds:**

**Contact Person:**

**Phone:**

**Email:**

**Please be specific, include written bids for work, dimensions for work, photos, etc.**

**Title of Project:**

**Description of need:** [Add a summary description (2-3 sentences) of what is being purchased, including the item’s main uses, the reason it is needed, and the benefit]

**Annual Return (Money it will earn or save, value provided to the program):**  [State the earnings or savings you are expecting this purchase to provide. If there are no direct earnings/savings, state whether there is a related cost savings (for example, injury prevention which will help families avoid expenses related to medical care like physical therapy)

**Team participates significantly in Primary Boosters fundraisers and activities (Prior 2 yrs)** [Describe how your team supports the primary booster club. For example, sell reverse raffle tickets, legacy bricks, provide silent auction items, etc., over the prior 2 years. Also, do any of your current or past board members serve in a main booster position?]

**How will the project build the SW Brand?**  [Provide a summary of how this purchase will help build our athletic program or sport. Will it be visible to the public? Can it be branded with the SW logo?]

**Improves Coach or Player Excellence?** [List the ways this purchase helps the athletes and/or the Coach]

**Cost Estimate (attach bids/quotes):** [Provide your recommended vendor/price here, and attach the physical bids/quotes you received from all vendors to this document.]

**Request Justification:** [State the justification, or reason why this purchase is critical for the team, and list any additional information that will be helpful to the committee in making the decision. For example: Are multiple teams sharing the item? Are teams sharing the cost of the purchase? When must the purchase be completed? What is the funding requested from the Capital Committee?]

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do not write below this line\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received date : Reviewed date:**

**Amount requested: Amount provided:**

**Notes/Comments:**