



**NEW ENGLAND SWIMMING  
CLUB RECOGNITION/GRANT PROGRAM  
2019-2020**

**\*\* due to the Pandemic and loss of the LCM season questions referring to that season will not require an answer.**

New England Swimming provides incentives to member clubs for participating in USA Swimming's performance based club development programs, for their performance at the National and local levels, and to encourage participation in targeted areas for improvement within the LSC.

**To be eligible for this program:**

**A member of your club must have been in full attendance at the 2020 Annual Meeting June 28, 2020.**

Name the person who attended: \_\_\_\_\_ Club: \_\_\_\_\_

**Club must have completed level 1** of USA Swimming's Club Recognition Program **within the qualifying period of this grant.**

**Qualifying period: Sept 1, 2019 – August 15, 2020 (all achievements must occur between these dates, in order to receive grant money) There is a \$5,000 limit per club**

All applications must be received **before** September 1<sup>st</sup> 2020 **(by 11:59 on August 31<sup>st</sup>)**. Late applications will not be considered.

**PERFORMANCE:**

**1. USA-S Club Recognition Program (new levels achieved after Sept 1, 2019)**

<b>LEVEL</b>	<b>GRANT</b>	<b>Level Achieved</b>	<b>Award</b>
Level 1	\$500		\$ _____
Level 2	\$600		
Level 3	\$700	<b>Date Achieved:</b> _____	
Level 4	\$800		

**2. USA-S Club Excellence Program (new levels achieved after Sept 1, 2019)**

<b>LEVEL</b>	<b>GRANT</b>	<b>Level Achieved</b>	<b>Award</b>
GOLD	\$1,000	_____	\$ _____
SILVER	\$ 750		
BRONZE	\$ 500	<b>Date Achieved:</b> _____	

**3. VIRTUAL CLUB NATIONAL RANKING (highest ranking of SCY or LCM season)**

<b>RANK</b>	<b>GRANT</b>	<b>Ranking</b>	<b>Award</b>
Top 100	\$ 500	_____	\$ _____
Top 300	\$ 400		
Top 500	\$ 300		
Top 1000	\$ 100		

4. **% of SWIMMERS COMPLETING IMX age 18 & U** (choose highest % in either SCY or LCM) Log into club portal, Scroll down to club reports, Click on club IMX statistics by Age Group Report and Download page 1 which is the IMX report

PERCENT	GRANT	Percent	Award
45-100%	\$500	_____	\$_____
30-44%	\$400		
15-29%	\$200		

**IMPROVEMENT IN PERFORMANCE AT CLUB LEVEL** (log into your portal and use the front page performance improvement chart.

Short Course Yards

1. Percentage of improvement in Freestyle \_\_\_\_\_
  2. Percentage of improvement in Backstroke \_\_\_\_\_
  3. Percentage of improvement in Breaststroke \_\_\_\_\_
  4. Percentage of improvement in Butterfly \_\_\_\_\_
  5. Percentage of improvement in Ind Medley \_\_\_\_\_
- Total SCY \_\_\_\_\_

Long Course Meters

1. Percentage of improvement in Freestyle \_\_\_\_\_
  2. Percentage of improvement in Backstroke \_\_\_\_\_
  3. Percentage of improvement in Breaststroke \_\_\_\_\_
  4. Percentage of improvement in Butterfly \_\_\_\_\_
  5. Percentage of improvement in Ind Medley \_\_\_\_\_
- Total LCM \_\_\_\_\_

5. Average percentage (Total/5) of improvement in SCY \_\_\_\_\_

1-5% improvement \$ 300.00

6-10% improvement \$ 400.00

11 & up % improvement \$ 500.00

7. Total:

6. Average percentage of improvement in LCM \_\_\_\_\_

1-5% improvement \$ 300.00

6-10% improvement \$ 400.00

11 & up % improvement \$ 500.00

8. Total:

9. Total of 7 & 8: \_\_\_\_\_

**Nationally and locally recognized swimmers\*/coaches** List names of swimmers in all categories when you apply: A swimmer must be attached to your club for 60 days before the achievement in order to receive a grant in this section.

10-13. % of 13 & Over swimmers who qualified and competed at SCY Jr Nats, Nats		GRANT
< 2% = \$50 per swimmer	# swimmers _____	\$ _____
2%-3% = \$100 per swimmer	# swimmers _____	\$ _____
4%-over=\$150 per swimmer	# swimmers _____	\$ _____

14-17. % of 13 & O swimmers who qualified and competed at LCM Jr Nats, Open, Nats		
< 2% = \$50 per swimmer	# swimmers _____	\$ _____
2%-3% = \$100 per swimmer	# swimmers _____	\$ _____
4%-over=\$150 per swimmer	# swimmers _____	\$ _____

18-19. # of swimmers who broke a NE \$25 per swimmer/\$100 per relay #\_\_\_\_\_ \$\_\_\_\_\_ or NE/RES record (# swimmers, not events, and relays count as one. Maximum 2 grants per swimmer per season)

20. # of Olympic Trial Qualifiers (achieved this year): \$100 per swimmer  
List names: \_\_\_\_\_ #swimmers:\_\_\_\_\_ \$\_\_\_\_\_

21. # of swimmers who achieved a high point award at all Age Group Championships \$15 per swimmer # swimmers \_\_\_\_\_ \$\_\_\_\_\_ and Senior Championships

22. Achieved a national AG recognition or relay team  
National Ind/Relay record \$50 per swimmer/relay #\_\_\_\_\_ \$\_\_\_\_\_

23. # of swimmers selected and participated in an Eastern Zone, USA-S National Team or Camp, (list name and camp) \$100 per swimmer # swimmers \_\_\_\_\_ \$\_\_\_\_\_

24. # of coaches selected and participated on an Eastern Zone, USA-S National Team or Camp, (list name and camp) \$100 per coach # swimmers \_\_\_\_\_ \$\_\_\_\_\_

25. Total Recognition: \_\_\_\_\_

**NE MEET PARTICIPATION**

*A swimmer must be attached to your club for at least 60 days before the achievement in order to receive a grant in this section.*

MEET	GRANT	Meet Name	Award
26. Over 50% of Club attended a NE LCM Calendar Meet (not hosted by your own team, and not a Champ Meet. Limit one meet per season)	\$50.00	_____	\$_____
27. Over 50% of Club attended a NE SCY Calendar Meet (not hosted by your own team) and not a Champ Meet)	\$50.00	_____	\$_____
28. Over 50% of Club qualifiers competed at SCY Senior Champs, SCY 10 & Under Challenge, SCY 11-14 Champs, SCY 15-18 Champs, LCM 12 & Under Champs, LCM 13-18 Champs, LCM Seniors Champs	\$50/meet	\$	
29. # swimmers who attended ZONES from your team \$25 per swimmer		# swimmers_____	\$_____
30. Total Meet Participation		_____	

**CLUB**

**OFFICIALS** \*Officials must be up to date on all requirements set forth by NE Swimming and have their sessions logged into OME for verification. The officials must be registered under your club name

	GRANT	Award
31-33. % of Officials per registered athletes	%_____	\$_____
3-5%	\$100.00	
6-9%	\$200.00	
10% & up:	\$300.00	

34. Our club has hosted an Officials clinic: (list date, facilitator) # \_\_\_\_\_ \$ \_\_\_\_\_  
\$50 each

**COACHES**

35. Coaches who attended a coach clinic sponsored by USA Swimming or ASCA? (\$50 ea) \$ \_\_\_\_\_  
List names and submit proof

36. # Coaches who train 4 or more times per week and keep track of their workout and nutrition results  
(provide proof) \$50 each,  
\$ \_\_\_\_\_

37. # of coaches who have completed Level 2 ASCA within this qualifying period  
\$50 each # \_\_\_\_\_ \$ \_\_\_\_\_

38. # of coaches who have completed level 3 ASCA within this qualifying period  
\$100 each # \_\_\_\_\_ \$ \_\_\_\_\_

39. Team provides a Nutritionist or Registered Dietitian for consults  
or provided a workshop for swimmers/parents. List contact info of the Dietitian and must be on your  
website: provide link  
\$50 each # \_\_\_\_\_ \$ \_\_\_\_\_

40. Team hosted a Safe Sport Workshop thru  
NE Swimming \$100 each # \_\_\_\_\_ \$ \_\_\_\_\_

41-42. Club Retention Rate\* - \$25 for each % over 80 # \_\_\_\_\_ over 80% \$ \_\_\_\_\_  
(no more than 100%)(MAX \$500) (\*based on portal calculation)

Coach retention rate:

43. # of coaches on team for the last five-9 consecutive years? # \_\_\_\_\_ @ \$15 each  
\$ \_\_\_\_\_

44. # of coaches on team for the last 10+ consecutive years # \_\_\_\_\_ @20 each  
\$ \_\_\_\_\_

45. # of athletes who competed on your team for at least 3 years and have become a coach for your  
team: \$50 each  
LIST EACH COACH

46. Club has achieved the USA Swimming Safe Sport Club Recognition: **\$500.00**

47. Total CLUB \_\_\_\_\_

**NES Community Support**

**GRANT**

**Award**

48. Our club hosted at least one NE Swimming \$50 per meet # meets: \_\_\_\_\_ \$ \_\_\_\_\_  
Calendar Meet

49. Our club hosted a meet with all IMX events included and scored  
\$50 per meet # meets: \_\_\_\_\_ \$ \_\_\_\_\_

50. Our club ran a meet and included a Safe Sport table for the swimmers and spectators:  
(name meet(s) : \_\_\_\_\_ \$50 per meet \$ \_\_\_\_\_

51. Our club participated in a community service  
Fundraiser/Equipment Drive (supply flyer or info) \$50 per event # events: \_\_\_\_\_ \$ \_\_\_\_\_

52. Our club sponsored a Water Safety Day with the NES Diversity/Inclusion Committee \$50 per clinic # clinics: \_\_\_\_\_ \$ \_\_\_\_\_
53. One club non-athlete HOD member attended the Annual HOD meeting (list name) \$50: \_\_\_\_\_ \$ \_\_\_\_\_
54. One athlete HOD member attended the Annual \$50: \_\_\_\_\_ \$ \_\_\_\_\_ HOD meeting (list name)
55. Total Community Support: \_\_\_\_\_

**TEAM: For first time applicants only; \$50 for each "yes" below. All but 1 are a USA Swimming, or Federal requirement (you cannot receive credit for any item below that you already did in previous years)**

56. Parent and Athlete Safe Sport Education Program link on your website-*supply link* yes\_\_\_ \$ \_\_\_\_\_
57. Code of Conduct, club travel, & Bullying policies posted on your Club Website – *supply links* yes\_\_\_ \$ \_\_\_\_\_
58. COPPA Link on your Club Website - *supply link* yes\_\_\_ \$ \_\_\_\_\_
59. NE Swimming Logo (not just text) on your Club Website – *supply link* yes\_\_\_ \$ \_\_\_\_\_  
yes\_\_\_ \$ \_\_\_\_\_
60. Are your Coach Bios Current on your Club Website – *supply link* yes\_\_\_ \$ \_\_\_\_\_
61. Club Governing Body Meetings that include: **Coaches, Officials, Athletes, Parent Volunteers** – supply names & dates for 1 meeting within last 18 months: (NOT a coach meeting) upload or provide link to meeting announcement: yes\_\_\_ \$ \_\_\_\_\_
62. Total TEAM: \_\_\_\_\_

(FIRST TIME APPLICANTS ONLY) 75% of athletes have ethnicity reported on their registration upload: **Office will calculate:** \$100.00

Grand Total requesting (jot form will auto calculate) \$ \_\_\_\_\_

SUBMIT THE ONLINE application with any back-up information to the NE Swimming Office before 11:59 PM on August 31, 2020. If you do not provide the back up or detail for your requested categories, you will not be reimbursed. **NO GRANT APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE.**

All information provided on this form will be confirmed through the NE Office before payment is issued.  
New England Swimming Office  
1241 Highland Ave Rear  
Needham, MA 02492

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature