

INTERMOUNTAIN REGION PONY CLUB 2020 ACTIVITY ASSISTANCE PROGRAM

Intermountain Region Pony Club supports our region's clubs/centers that take the time and effort to put on a quality activity by offering potential assistance to any club/center that puts on a qualified activity within our region. This program works as a buffer for those clubs/centers that organize activities to ease a potential financial burden in case an activity does not go as well as expected. We want to encourage a broad learning environment for our Pony Clubbers but do not want our clubs/centers to resist hosting activities due to financial concerns.

The IRPC Activity Assistance Program will be offered on a year to year basis, depending on available funds and the success of the program. The 2020 budget has a limit of \$2,500 and financial assistance will be offered up to the yearly total amount on a first-come, first-served basis. We will accept up to five activities in 2020 with a limit of \$500 per activity. All of the guidelines listed below must be met to receive any funds. The money will be dispersed within 4 weeks after the Activity Assistance Fulfillment Request and a complete Participant List is received and is subject to the following criteria:

ACTIVITY ASSISTANCE REQUIREMENTS:

1. The activity must take place within the Intermountain Region and be hosted by an IRPC club/center.
2. The date of the activity may not conflict with any other scheduled IRPC activity.
3. Organizer must be one specific person representing the club/center and must be approved by the IRPC board. Ideally, Organizer should be a person with Pony Club ties and with an interest and intent to benefit Pony Club such as a past or present club officer, club/center sponsor, or parent/guardian of a member.
4. Clinician must be approved by the IRPC board. Clinicians do not need to be "Pony Club" clinicians and outside eventing, dressage, show jumping, polo, western, driving, etc clinicians may be used. Credentials such as ICP/USDF/USHJA certifications are encouraged but not mandatory.
5. **The activity cannot be exclusionary, except in the instance of Upper Level activities (preps, etc). The activity must be open to all IRPC members on a first come, first served basis. People outside of Pony Club may also be invited and encouraged to participate, although it is encouraged to fill the activity with Pony Clubbers first.**
6. Auditors must be allowed.
7. The activity must have an opening and closing date. The IRPC membership must be notified of the activity at least 2 weeks prior to the opening date per guideline number eight.
8. Organizer must provide an advertisement for the activity to the Region at least two weeks prior to the opening date to be published on the IRPC Website and dispersed as a mass email to all current members and officers in the region.
9. Clubs/centers must fulfill what is published. If there are to be any changes, Organizer must contact the VRS-UL Activities in a timely manner so the changes can be voted on by the IRPC Board. Amendments may be made only if changes are approved by a majority of the IRPC Board. If this is not done, the organizing club/center may not be eligible to receive activity assistance.
10. Organizer must fill out the Activity Assistance Application and the Activity Assistance Fulfillment Request honestly and in a timely manner. Any confirmed discrepancies will result in no assistance awarded and the club/center will not be eligible to apply for activity assistance for two years from the date of discrepancy.
11. Any budget items not specifically listed on the Activity Assistance Application must be covered by the club/center putting on the activity.
12. An organizing club/center may only apply to the Activity Assistance Program for one activity per calendar year and not receive more than \$500 per calendar year in IRPC assistance money.

DIRECTIONS:

Please submit the Activity Assistance Application no later than 90 days prior to the activity date, and preferably earlier, to the current VRS-UL Activities for approval. Within 10 days of completion of approved activity, please submit the Activity Assistance Fulfillment Request and a complete Participant List to the current VRS-UL Activities even if no financial assistance is being requested. Please note that any budget items not specifically listed on the application may not be included in the final report that is submitted for fulfillment. Send application and fulfillment to:

Anita Collins – 507 Balsam Dr. – Spring Creek, NV 89815

Questions? Contact Anita at 775.934.8591 or intermountain_pc@yahoo.com

2020 ACTIVITY ASSISTANCE APPLICATION

Clinician's Name: _____ Activity Date: _____

Opening Date: _____ Closing Date: _____

Hosting Club/Center: _____ Location (venue, city, state): _____

Type of Clinic (prep, unmounted, jumping, dressage, etc): _____

Organizer Name, Phone, Email: _____

Organizer Signature: _____

(Your signature indicates that you are truthfully projecting incomes and expenditures to the best of your knowledge and ability.)

Clinician Qualifications (You may include some bio information as well):

PROJECTED EXPENDITURES (you may provide a projected Profit & Loss statement in another format, if desired):

1. Clinician expense: _____

2. Clinician travel expense estimate: _____ Explain: _____

3. Clinician food & lodging estimate: _____ Explain: _____

4. Expense of venue: _____ Explain: _____

5. Other costs (advertising, supplies, food for participants, etc): _____

****Total estimated expenditures (add 1 through 5):** _____

PROJECTED INCOME:

Clinic cost per participant: _____ Projected # of participants needed: _____

1. Total projected income from participant fees: _____

2. Other income (auditor fees, payment for food, etc.): _____

****Total projected income (add 1 and 2):** _____

2019 ACTIVITY ASSISTANCE FULFILLMENT REQUEST

Clinician's Name: _____ Activity Date: _____

Opening Date: _____ Closing Date: _____

Hosting Club/Center: _____ Location (venue, city, state): _____

Type of Clinic (prep, unmounted, jumping, dressage, etc): _____

Organizer Name, Phone, Email: _____

Organizer Signature: _____

(Your signature indicates that you are truthfully reporting incomes and expenditures to the best of your knowledge and ability.)

Address where reimbursement check should be sent: _____

ACTUAL EXPENDITURES (can provide an actual Profit & Loss statement in another format, if desired):

1. Clinician expense: _____

2. Clinician travel expense: _____ Explain: _____

3. Clinician food & lodging: _____ Explain: _____

4. Rental expense of venue: _____ Explain: _____

5. Other costs (advertising, supplies, food for participants, etc): _____

**Total expenditures (add 1 through 5): _____

ACTUAL INCOME:

Clinic cost per participant: _____ Number of participants (attach Participant List): _____

1. Total income from participant fees: _____

2. Other income (auditor fees, etc.): _____

**Total income (add 1 and 2): _____ Net profit or loss: _____

Activity Report (tell us how it went!!): _____
