



2019 SSSF Vision 20/20 Fundraising Campaign Agreement

Today's Date _____ Team Name _____ SSSF Team ID _____

EIN (as stated on W-9) _____ MidwayUSA Foundation Account ID _____

Business Entity Name (as stated on W-9) _____

Authorized Representative First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Email Address _____

Terms and Conditions of SSSF's 2019 Vision 20/20 Fundraising Campaign Agreement

Dates

Effective dates of the campaign are 12:00AM Monday, October 7th 2019 through Tuesday, December 31, 2019 11:59PM CST.

Eligibility

Participating teams must be current members of the Scholastic Shooting Sports Foundation (SSSF) through the Scholastic Clay Target Program (SCTP) and/or Scholastic Action Shooting Program (SASP) and have team, coach and athlete records in the SSSF SHOT data system. Participating teams must return this signed agreement along with signed IRS form W-9 for the business entity receiving the grant funds. Participating teams must have an active team endowment account at the MidwayUSA Foundation.

Collection of Funds

Funds must be collected in one of two ways: 1. Via online donation form located at www.sssfonline.org/vision2020 or 2. Via check donation using the downloadable form located at www.sssfonline.org/vision2020 and mailed to SSSF at 5931 Roft Road, San Antonio, TX 78253. Funds collected must include the SSSF SHOT Team ID as part of the donation information. All donations must be received prior to December 31, 2019 11:59PM CST

Funds Disbursement, Use of Funds and SSSF Matching Limits

Funds will be disbursed in the form of a grant to the business entity affiliated with above SSSF member team and to the MidwayUSA Foundation account specified above. Grants will be paid to eligible teams (W-9 entity) via check prior to 1/31/2020 unless other arrangements are made. Grants will not be made to individuals or business entities unrelated to the charitable purposes of the local SCTP or SASP shooting team. Use of grant funds must be solely for 501(c)(3) purposes aligning with the mission of the SSSF. Grants must be used to benefit the local SSSF member team and may not be used for lobbying, influencing legislation, supporting individuals or any other purpose outside the scope of charitable, educational and/or amateur sports organizations. For every donation received, 50% will be returned to the team as a cash grant, 25% will be retained by the SSSF and the remaining 25% will be sent to the team's MidwayUSA Foundation team endowment account where it will be matched at the current rate offered by the MidwayUSA Foundation. SSSF will match 25% of each donation 5:1 as a donation to the team's MidwayUSA Foundation team endowment account.* The top eligible fundraising teams (total donation dollars) will receive additional donations from SSSF direct to their MidwayUSA Foundation Team Endowment account as follows: 1st Place, \$10,000; 2nd Place, \$8,000; 3rd Place, \$5,000; 4th Place, \$3,000; 5th Place, \$2,500 and 6th Place, \$1,500. Additionally, teams with the most unique individual donors donating \$10 or more will receive additional donations from SSSF direct to their MidwayUSA Foundation Team Endowment account as follows: 1st Place, \$10,000; 2nd Place, \$8,000; 3rd Place, \$5,000; 4th Place, \$3,000; 5th Place, \$2,500 and 6th Place, \$1,500. In the case of a tie, the single largest donation between tied teams will be used as a tie-breaker. If still tied, the next single largest donation will be used, etc. until tie is broken. Violation of terms and conditions may result in suspension and/or termination of funding from SSSF for this and future agreements and/or any other actions allowable by law.

***SSSF matching will be limited to the first \$165,000 in total donations raised in the campaign, including all participating teams.**

The undersigned parties agree to the terms and conditions of as stated above. Two unique signatures are required.

Signature 1: (W-9 Board Member/Authorized Representative) _____ Title _____

Printed Name _____ Date _____

Signature 2: (Authorized Team Coach) _____ Title _____

Printed Name _____ Date _____

**Mail this original, signed form along with original, signed form W-9 to
Scholastic Shooting Sports Foundation, Attn: Vision 20/20, 5931 Roft Road, San Antonio, TX 78253**