

IDEA CLINIC ASSISTANCE PROGRAM

The Idaho Dressage and Eventing Association supports our members who take the time and effort to put on a quality dressage or eventing clinic by offering potential assistance to any IDEA member who puts on a qualified clinic in Idaho. This program works as a buffer for those individual IDEA members who organize clinics, to ease a potential financial burden in case a clinic does not go as well as expected. IDEA clinic assistance will be offered on a year to year basis, depending on available funds and the success of the program. The 2012 budget has a limit of \$5,000. Clinic assistance will be offered up to the yearly total amount on a first-come first-served basis (see below). It is requested that you try to have your clinic submitted by the omnibus deadline so that you will be first on the list (see clinic application page). All of the guidelines listed below must be met to receive any funds. The money will be dispersed within 4 weeks after the paperwork is received and is subject to the following criteria:

CLINIC ASSISTANCE REQUIREMENTS:

1. You must publish your clinic in the IDEA Omnibus and/or website or submit your no-more-than one page flyer to the IDEA Bits and Paces newsletter to distribute to all IDEA members.
2. There may be no more than one dressage and one eventing clinic on any given date in one IDEA chapter area.
3. The same clinician can be used up to 4 times in one year if the clinic successfully meets the bottom line budget projections. If a clinician's clinic is unsuccessful two times in a row you may not request further IDEA assistance for the same clinician again in the same year.
4. You must fulfill what you publish. Amendments may be made only if changes are voted on by a majority IDEA Board vote – so PLEASE contact the president in a timely manner if there are to be any changes, so that you may receive your assistance if necessary!
5. The clinic organizer must be an IDEA member.
6. The clinic must take place in Idaho ☺
7. Clinic organizer must fill out the fulfillment page honestly. Any confirmed discrepancies will result in no assistance awarded, plus a fine of \$50 to the clinic organizer.
8. A clinic organizer may not receive more than \$1,200. per year in IDEA assistance money.
9. Any budget items not specifically listed on the assistance application must be covered by the person(s) putting on the clinic.
10. Dressage clinicians must be an "R" judge or higher and/or have competed at the FEI level or be a certified USDF 2nd level or above instructor.
11. Eventing clinicians must be ICP rated level 2 or higher and/or competed at the advanced level in eventing.
12. Clinic cannot be exclusionary. It must be open to all IDEA members on a 1st come, 1st served basis.
13. Clinic must have an opening & closing date. The IDEA membership must be notified of the clinic at least 2 weeks prior to the opening date.
14. Auditors must be allowed.

AVAILABLE CLINIC ASSISTANCE: \$100 to \$500. Depending on clinician price & travel needs, to be determined by the board on a case-by-case basis. The board would also be open to giving more or underwriting a regional or national, Olympic level clinician special event, such as the Debbie McDonald symposium, etc.

DIRECTIONS:

Please submit your clinic no later than 60 days prior to the clinic date, using the clinic assistance submission page. Send submission page to the current IDEA president as listed in the omnibus and website (www.idahodressageandeventing.org). Once your clinic is completed fill out your rebate fulfillment page (to be found on our website or in the omnibus) and mail it to the IDEA Treasurer, along with a copy of the published information taken from either the IDEA Omnibus, IDEA website (www.idahodressageandeventing.org) or IDEA newsletter.

Current IDEA President's address- send application page here:
Nancy Roche, 2663 N. Blue Springs Ave, Meridian, IS 83646

Current IDEA Treasurer's address- send fulfillment page here:
Caroline Herrmann, P.O. Box 211, Hammett, ID 83627

CLINIC ASSISTANCE APPLICATION

Clinicians Name: _____ **Clinic Date:** _____
Opening Date: _____ **Closing Date:** _____
Venue: _____ **Town:** _____
IDEA Chapter area: _____

Organizer: _____ **IDEA Member?:** _____
Organizer Phone: _____ **E-mail:** _____
Organizer Address: _____

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

ESTIMATED EXPENDITURES:

1. **Clinician price:** _____
2. **Clinician travel price estimate:** _____ **Explain:** _____
3. **Clinician Food & lodging estimate:** _____
4. **Rental of venue:** _____
5. **Other costs:** _____ (You may continue on another pg, or on the backside if need be)

****Total estimate expenditures (add 1-5):** _____

ESTIMATED INCOME:

Clinic cost per rider: _____ **Estimated # of Riders needed:** _____

1. **Total estimated rider fees:** _____
2. **Other income (auditor fees, etc.):** _____

****Total estimated income (add 1 & 2):** _____

DIRECTIONS:

Please submit your clinic application no later than 60 days prior to the clinic date, using this page. Send this completed application page to the current IDEA president as listed in the omnibus and website (www.idahodressageandeventing.org). Once your clinic is over fill out your assistance fulfillment page (to be found on our website or in the omnibus) and mail it to the IDEA Treasurer, along with a copy of the published information taken from either the IDEA Omnibus, IDEA website (www.idahodressageandeventing.org) or IDEA newsletter. Please note that any budget items not specifically listed on this application must be covered by the person(s) putting on the clinic and can not be included in the final budget that is submitted for fulfillment.

Current IDEA President's address- send application page here:
Nancy Roche', 2663 N. Blue Springs Ave, Meridian, ID 83646

APPLICATION POSTMARKED ON: _____ (FOR OFFICE USE ONLY)

CLINIC ASSISTANCE FULFILLMENT PAGE

Clinicians Name: _____ **Clinic Date:** _____
Venue: _____ **Town:** _____
IDEA Chapter area: _____

Organizer: _____ **IDEA Member?:** _____
Organizer Phone: _____ **E-mail:** _____
Organizer Address: _____

EXPENSES:

1. **Clinician:** _____
2. **Clinician travel:** _____
3. **Clinician Food & lodging:** _____
4. **Rental of venue:** _____
5. **Other costs:** _____

****TOTAL EXPENSES (add 1-5):** _____

INCOME:

1. **Total rider fees:** _____ (**# of Riders:** _____ **# of Auditors:** _____)
2. **Other income (auditor fees, etc.):** _____

****TOTAL INCOME (add 1 & 2):** _____

If the expenses added up to be more than the income received please put total financial discrepancy here: _____

Explain: _____

Clinic Report- let us know how you did! 😊

DIRECTIONS:

Please mail it to the IDEA Treasurer, along with a copy of the published information taken from either the IDEA Omnibus, IDEA website (www.idahodressageandeventing.org) or IDEA newsletter.

Current IDEA Treasurer's address- send fulfillment page here:
Caroline Herrmann, P.O. Box 211, Hammett, ID 83627

FULFILLMENT POSTMARKED ON: _____ (FOR OFFICE USE ONLY)