

USTA Rhode Island Grant Application

Program Information

Program Name: _____

Contact Name: _____ e-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Make Grant Check Payable to: _____ SSN/Tax ID Number: _____

If check is to be payable to an individual, a social security number is required. If check is to be payable to a club, a tax ID number is required.

Type of Grant Requested - Check One Only

____ Marketing Grant ____ Beginner Program ____ Multicultural Participation

____ Jr. Team Tennis Start-up ____ Jr. Team Tennis Expansion ____ Tennis on Campus

____ NJTL Start-up ____ NJTL Expansion ____ Wheelchair Tennis

____ CTA Start-up ____ CTA Expansion ____ CTA Incorporation

____ Special Populations ____ Schools Program ____ USTA League Tennis

____ Other (describe) _____

Membership

USTA Organization Member Name _____

USTA Organization Member Number _____ Expiration Date _____

What is the organization's status? ____ Not-for-profit ____ Private ____ Commercial ____ Other: _____

Or, what/who is the organization's fiscal agent (fiscal sponsor)? _____

Is the organization a public agency or unit of a government or religious institution? ____ Yes ____ No

Target Age Groups

____ Youth (18 & Under) ____ Adult (19-49) ____ Senior (50-64) ____ Senior (65 & above)

Target Ability Levels

____ Beginner ____ Intermediate ____ Advanced ____ Tournament Level

Duration of Program and Estimated Participants

Start Date _____ End Date _____ Hours Per Week _____

Estimated Number of Participants _____ Number of Courts _____

Volunteer Involvement

Number of Volunteers _____ Hours Per Week _____

Volunteer Duties _____

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Budget Summary

Expenses

Head Instructor _____ (\$/hour) x _____ (# of hours) = Total _____

Assistant Instructor _____ (\$/hour) x _____ (# of hours) = Total _____

Court Rental _____ (\$/hour) x _____ (# of hours) x _____ (# of courts) = Total _____

Marketing

Advertising Medium	Media Outlets	No. of Insertions/Quantity	Timing	Total Investment
Print				
Radio				
Internet				
Flyers/Posters/Brochures				
Direct Mail				
E-marketing				

= Total _____

Revenue

Total Expenses = _____

Fees

Participant Fees _____ (\$/participant) x _____ (# of participants) = Total _____

Are you receiving other grant monies?

Explain: _____

= Total _____

Other (i.e. fundraising)

Explain: _____

= Total _____

References

Total Revenue = _____

<u>Name</u>	<u>Telephone</u>
_____	_____
_____	_____

Revenue Less Expenses _____

Grant Requested _____

Signature of Grant Applicant _____ Date _____

For District Use Only

Approve _____ ***Disapprove*** _____ ***Suggested Grant*** _____

Comments _____

Authorized District Signature _____ Date _____