

2014 USTA NORTHERN CALIFORNIA WHEELCHAIR TENNIS STIPEND APPLICATION

Due January 31, 2014

USTA NorCal is committed to promoting and developing wheelchair tennis in communities throughout Northern California and Northwestern Nevada.

The stipend provides financial support to not-for-profit USTA Member Organizations that promote recreational or competitive programs which may include: tournaments, exhibitions, clinics, or instructional camps for junior and adult wheelchair tennis players.

Tennis programs that integrate wheelchair tennis players in activities with their peers, whether able-bodied or disabled, are encouraged to apply.

Priorities

- The stipend plays an important but limited role in supporting a successful event; **community** participation and support is required.
- Organizations receiving stipends must conduct the event with sportsmanship and accountability as they
 represent the USTA.
- After the event, please share photos and a short story about your event for the USTA NorCal Wheelchair Tennis web page. Send to Christine Samuel@norcal.usta.com

Requirements:

- 1. Be or become a current USTA Organization Member prior to receiving stipend. Call USTA Member Services (800-900-8782) to join or renew your USTA Organization Membership. If you are applying now, submit a photocopy of your application and check with Stipend Application. Note: USTA Organization Membership is not the same as USTA Individual Membership.
- 2. Disclose any conflict of interest between anyone who may benefit from stipend.
- 3. Submit all paperwork, attachments, and other required materials in a timely manner (before January 31, 2014).
- 4. List 3 Measurable Outcomes.
- 5. Accountability forms for funding in prior years must be on file.
- 6. NorCal website article and photos to be submitted immediately after event concludes.
- 7. Respond to inquiries and/or agree to site visits at any time by representatives of USTA or USTA NorCal (staff, board of directors, volunteers).

How to Apply:

This 2014 Stipend Application Form (2 pages) must be submitted by email or mailed to Wheelchair Tennis Committee Chairperson Peggy Keefe, and it will be reviewed by the entire committee. All Stipend Applications are due by January 31, 2014.

Email: byrn916@comcast.net

Mailing address: 4120 St. Andrews Ave. Sacramento, CA 95821

Phone number: 916-481-3364

You can expect to receive a notification letter 6-8 weeks after stipend application deadline of January 31, 2014 and if approved, your stipend within 14 days from date of approval.

USTA NorCal Wheelchair Tennis Stipend Application—

years has the event existed? Is it a

new event?)

To be submitted with this form (check list) attach additional pages: Cover letter/ narrative about event Measurable Outcomes (additional page if necessary) Budget Publicity (including flyers, brochures, posters, articles, press releases, etc.) USTA Membership information if needed Previous year Accountability Form on file **USTA Member Organization Name:** Member Number: Contact Name: Address & City: State & Zip: Contact Telephone Number: Alternate Number: Email: Stipend Amount Requested: Please disclose any possible Conflict of Interest: Event Name: Event Website (URL): What fees are associated with participating in this event? Has USTA NorCal sponsored this event in the past? If yes, provide years and funding amounts: Summarize the purpose and goals of the event: How many participants do you anticipate will attend this event? If event was sponsored previously by USTA NorCal how many participants attended? Historical Information: (How many

Event attendees?	the
How will the event be promot (Newspaper, Broadcast Media, Releases, Posters, etc.):	
List 3 measurable outcomes (Use another sheet if necessary):	
I.	
2.	
3.	
Please list all event	
sponsors:	
What USTA NorCal	
collateral material are you	
requesting, if any? (Banners,	
flyers, player gifts, etc.):	
How will you recognize	
USTA NorCal publicly at	
the event? Will the	
recognition require the	
attendance of a USTA	
NorCal Representative?:	
	parate sheet with a comprehensive budget for the event, including
all revenue and expenses.	, , , , , ,
of my knowledge.	hat all details contained in this report are true and correct to the best agree to be contacted for further event questions or accountability
issues and provide	more information if necessary.
Signature	Date