



**EASTERN
METRO**

2015 USTA Metro Region Grant Application

The Metro Regional Board of the USTA Eastern Section is soliciting grant proposals from its New York City based USTA Member Organizations, who will support and participate in our mission to promote and develop the growth of tennis in the Metro Region. We are focused on fostering participation in tennis and USTA programs with the USTA Member Organizations of New York City. Special consideration will be given to organizations seeking to expand tennis programs to the following groups:

1. Special Populations
2. Minority Populations
3. Parks & Recreation
4. Community Tennis Associations
5. Schools/After School
6. Wheelchair Tennis
7. Senior Tennis

We will allocate grants in the range of **\$300 to \$1,000**. Proposals should demonstrate the following emphasis:

- Demonstrated interest in working more closely with the Metro Regional Board, the Regional Program Coordinator and the Tennis Service Representative for Metro with tennis program development.
- Show specific examples of programs that attract new players **AND/OR** retain existing players by offering clinics, leagues, special events and tournaments.
- Willingness to make concentrated efforts to participate in USTA League Tennis (Adults) and USTA Jr. Team Tennis (Youth).

This funding opportunity is for tennis programs and events operating in 2015.

GRANT PROPOSAL SUBMISSION SPECIFICS

- Membership Organizations are limited to one grant application and applications must include a current USTA Member Organization number.
- When submitting this application, please include:
 1. Program description – program or event proposals to convey participant numbers, start and end date and hours per week. Provide this information in no more than one typed page.
 2. History of program – brief description
 3. Operating budget - enclose program budgets, staffing requirements to supplement funding requests, total cost estimate
 4. Specify “New Program” or “Expansion Grant” (Additional grant money has been made available to organizations requesting grants to develop or expand Community Tennis Associations within the USTA Eastern Section Metro Region.)
 5. Please enclose flyers, brochures and other program promotional information.
 6. Accountability information will be requested, please submit upon request if awarded a grant.

Organizations receiving grants are required to forward a brief description and photographs of the program's success in order to qualify for future grants. Send the results of your Metro program to Jeffrey Fairbanks.

Send completed grant application and grant proposal to Jeffrey Fairbanks.

Contact information: Jeffrey Fairbanks, Metro Region Grants Chairman; e-mail: JFTennisNE1@aol.com



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Name of Organization	
USTA Organization Membership number <i>(Required)</i>	
Name of Contact	
Phone	cell phone:
Fax	
Address	
Email address	
Web site	
Tax I.D. # or E.I.N. #	
Does your organization participate in? Check all that apply	<input type="checkbox"/> Compete in the Parks <input type="checkbox"/> Jr. Team Tennis <input type="checkbox"/> Cardio Tennis <input type="checkbox"/> Special Population <input type="checkbox"/> 10 & Under Tennis (Quickstart format) <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Adult Leagues <input type="checkbox"/> Recreational Coaches Workshop <input type="checkbox"/> Tennis on Campus <input type="checkbox"/> Schools Tennis (K-12)
	<input type="checkbox"/> Restricted (specific purpose) <input type="checkbox"/> Unrestricted (any purpose)
Type of Program Grant	<input type="checkbox"/> USTA Jr. Team Tennis <input type="checkbox"/> USTA Adult Team Tennis <input type="checkbox"/> USTA League Tennis <input type="checkbox"/> USTA 10 & Under Tennis (Quickstart Format) <input type="checkbox"/> USTA School Tennis <input type="checkbox"/> Other: <input type="checkbox"/> USTA –NJTL or CTA <input type="checkbox"/> Adult Programs <input type="checkbox"/> Special Populations <input type="checkbox"/> Wheelchair Tennis <input type="checkbox"/> Senior Tennis
Grant amount requesting up to \$1,000	
If Awarded, to whom the check should be payable to?	Payable to:
Is your organization? Check one:	<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit *Grants For Profit Organizations must name a source for matching program funds
Date:	
Signature:	