



USTA/Midwest Section 2014 Tennis Program Grants

| PROGRAM GRANTS PURPOSE/ELIGIBILITY | GRANT AMOUNT | CONTACT | APPLICATION DEADLINES |
|--|-----------------|---|--------------------------|
| <p><u>CTA Program Grant*</u> Available for Community Tennis Associations to start new or expand existing USTA membership based programs.</p> | \$500* | Lindsay Beach Lindsay@midwest.usta.com 317-669-0475 | On-going |
| <p><u>Tennis On Campus Pilot Program Grant</u> Awarded for starting up new or innovative collegiate tennis programs.</p> | \$750 | Steve Wise steve@midwest.usta.com (262) 334-3601 | On-going |
| <p><u>Tennis On Campus Start-up Grant</u> For colleges looking to start a new Tennis Club on campus.</p> | \$750 | Steve Wise steve@midwest.usta.com (262) 334-3601 | On-going |
| <p><u>Club Team Tournament Grant</u> For club teams looking to offset costs associated with hosting/running a large club tournament with 8+ teams.</p> | \$500 | Steve Wise steve@midwest.usta.com (262) 334-3601 | On-going |
| <p><u>Tennis After Campus Grant</u> A grant up to \$500 for college club teams hosting a Tennis After Campus Event on their campus.</p> | \$500 | Steve Wise steve@midwest.usta.com (317) 669-0453 | On-going |
| <p><u>Tennis Diversity Program Grant</u> Awarded to help organizations initiate/expand USTA programs, recreational programs, or any program utilizing 10 and Under Tennis that will increase participation within diverse communities.</p> | \$1000* | Brandon Smith brandon@midwest.usta.com (317) 669-0456 | On-going |

**** Half (50%) of the grant dollars will be awarded up front and the remaining half (50%) will be awarded after receipt of the Program Grant Evaluation.***

Be sure to check into additional grants from the USTA national office and your local USTA district office!



2014 Tennis Program Grant Application www.midwest.usta.com

GRANT PURPOSE

The USTA/Midwest Section is committed to promoting tennis at the local level. To that end, we offer program grants to assist organizations in initiating or expanding their tennis programming activities. Grants may be used to develop instructional programs and/or organized league play for players of all ages, abilities and populations. Our long-term goal is to help programs become self-sufficient. Grants are not awarded for more than one (1) year, unless there are exceptional circumstances to consider.

GRANT ELIGIBILITY

Financial support will be awarded only to organizations; applications by individuals will not be accepted. *Applying organizations must be open to all people, regardless of race, color, creed, religion, gender, national origin, age, disability, sexual orientation, citizenship status, or veteran status.*

GRANT GUIDELINES

- To be considered for a grant, the sponsoring organization or program must be or become a USTA Organization Member prior to receiving full funding. To join the USTA as an Organization Member, visit www.usta.com/orgmember (To join by mail, please see page 6 for an Organization Member application). Priority will generally be given to groups offering continuing play or follow-up opportunities and that are open to the public. Note: program may be visited by a grant evaluator, must be a registered CTA to receive CTA Grant.
- The sponsoring organization or program must show how it plans to become self-sufficient by generating its own funding to continue to offer the program. If the program is conducted under the direction of a park & recreation department or other agency, every effort should be made to allocate the necessary funds into the tennis budget in future years.
- Any program registration fee should be reasonable to encourage participation, be affordable for families in the community, and provisions made for interested participants who lack funds.
- In general, program grants are not meant to support one-day programs or special events – the intent is to support multi-session programs that provide on-going play opportunities.
- Application deadlines vary per grant. Please reference page 1 for details of grant purpose, eligibility, amount available, staff contacts, and application deadlines.
- All grant applicants must submit a complete grant application form that includes a description of the program, program objectives, evaluation methods, and program budget (pages 3-5).
- All grant recipients must return a program evaluation (pages 7-8) within two weeks of the conclusion of the program; if the program is on-going, no later than November 15 of the year in which the grant was awarded. Failure to submit this evaluation may result in the revocation of grant funds awarded.
- A separate application must be submitted for each grant you apply for, and a separate evaluation must be returned for each grant you receive.

Email completed applications & evaluations to the Staff “Contact” listed on page 1 or Mail/Fax to:

USTA/Midwest Section
Attn: (Insert Staff “Contact” from page 1 here)
1310 East 96th Street, Suite 100
Indianapolis, IN 46240
Fax: 317/577.5131
Phone: 317/577.5130



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ORGANIZATION INFORMATION

| | |
|---------------------------|--|
| Sponsoring Organization: | |
| Program Name: | |
| Contact Name: | |
| Mailing Address (Street): | |
| City, State, Zip: | |
| Email: | |
| Website: | |
| Make Check Payable to: | |

| | |
|-------------------|--|
| Work Phone | |
| Home/Mobile Phone | |
| Fax | |

| | |
|---------------------------------|--|
| USTA Organization Membership #: | |
| Are you a 501[c]3? | |
| Tax ID # | |

TYPE OF GRANT REQUESTED ("X" ONLY ONE)

- | | |
|---|---|
| <input type="checkbox"/> Tennis On Campus Pilot Program Grant | <input type="checkbox"/> Club Team Tournament Grant |
| <input type="checkbox"/> Tennis On Campus Start-Up Grant | <input type="checkbox"/> CTA Program Grant |
| <input type="checkbox"/> Tennis After Campus Program Grant | <input type="checkbox"/> Diversity Program Grant |



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PROGRAM INFORMATION ("X" ALL THAT APPLY)

- Years in existence: New 1-3 years 4-6 years 7+ years
- Target Audience: Youth (10 & Under) Junior (11-18) Collegiate (19-24)
 Adult (25-49) Senior (50 & up)
- Target Ability: Beginner Intermediate Advanced
- Facility Type: School(K-12) College or University Tennis Club Tennis Club
 Other (list): Public Park

Diverse Group(s)
 Served and
 Percentage

| | | | | | |
|--|----------------------------------|---------------------------------|----------------------|-------------|----------------------|
| Program Start Date: | <input type="text"/> | End Date: | <input type="text"/> | Hours/Week: | <input type="text"/> |
| Number of program participants: | <input type="text"/> | 2013 Actual: | <input type="text"/> | 2014 Goal: | <input type="text"/> |
| Number of tennis courts to be used: | <input type="text"/> | Number of sites to be used: | <input type="text"/> | | |
| Program Fee: | \$ <input type="text"/> / person | Number of scholarships offered: | <input type="text"/> | | |
| Grant Amount Requested | \$ <input type="text"/> | | | | |
| For Diversity Grant: Site Name and zip code | <input type="text"/> | | | | |

PROGRAM ADVERTISING & PROMOTION

How will you advertise, promote, and generate publicity for your program? ("X" all that apply)

- Flyers Posters Website/Email Direct Mail Local Newspaper Radio Other:

Advertising Period: _____ to _____



PROGRAM GOALS

(Attach additional sheets as necessary)

Describe the specific activities for which you seek funding:

List your overall goal(s) and specific objectives to help you meet your goal(s):

List your measurable criteria for a successful program and the results you expect to achieve:

Describe how you look to grow diversity for your program/event?"

Describe your long-term strategies for sustaining this program:

Describe your strategies for retaining participants in this program:



2014 Tennis Program Grant Application

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BUDGET FORM

Please use the budget form below as a guideline when applying for a USTA/Midwest Section Tennis Program Grant. You may adapt this form to fit your needs. Your application for financial support will be strengthened by the inclusion of a program budget that illustrates sound financial planning. NOTE: NOT ALL BUDGET ITEMS BELOW WILL APPLY TO ALL APPLICANTS.

Budget for the period _____ to _____

| INCOME | | EXPENSES | |
|--------------------------|--------|---------------------------------|--------|
| Source | Amount | Item | Amount |
| Program Fees | | Advertising/Promotions | |
| | | Administrative Expenses | |
| | | Supplies | |
| Court Rental Fees | | Telephone | |
| | | Postage | |
| Sponsorships | | Shipping | |
| | | Printing | |
| | | Website development | |
| In-Kind Support | | | |
| Court Rental | | Program Expenses | |
| Advertising/Radio | | Equipment | |
| Other: | | Supplies | |
| | | | |
| | | Salary or Wages | |
| Special Events | | Certified Pro | |
| Awards Banquet | | Instructor(s) | |
| Fundraisers | | Program Coordinator | |
| | | Administrative Support | |
| | | | |
| Grants | | Education / Training | |
| Government | | Recreational Coach Workshop | |
| Foundation | | Pro Certification | |
| Corporation | | | |
| USTA District | | | |
| USTA Section | | Court Rental Fees | |
| USTA National | | | |
| Other: | | Participant Scholarships | |
| | | | |
| Other Income: | | Other Expenses: | |
| | | | |
| TOTAL INCOME | | TOTAL EXPENSES | |

For USTA Section Use Only -

| | |
|----------------|--|
| Date Received: | |
| District: | |
| Rank: | |
| Comments: | |

Approve Disapprove

Authorized USTA Section Signature & Date: _____



ORGANIZATION MEMBERSHIP APPLICATION

| Category | 1-Year | 3-Year | 5-Year |
|--------------------------------|--------|--------|--------|
| Clubs with 1-3 courts | \$35 | \$100 | \$155 |
| Clubs with 4-10 courts | \$65 | \$185 | \$290 |
| Clubs with 11+ courts | \$110 | \$315 | \$495 |
| CTA, School, Park & Rec, Other | \$35 | \$100 | \$155 |

\$10 of all membership dues is allocated for a 1-year subscription to TENNIS magazine. The amount allocated is not deductible from membership dues.

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Number of Members _____

Applicant Name _____

Applicant Title _____

Organization Phone _____ Organization Fax _____

E-mail _____

By providing an e-mail address, I authorize the USTA to send me confirmation and renewal information via e-mail.

Number of Tennis Courts

Indoor: ___ Hard ___ Clay ___ Grass
 Outdoor: ___ Hard ___ Clay ___ Grass

Complete Below if Your Category is "CLUB"

- Type of Club Commercially owned
 Privately owned – open to public
 Privately owned – closed to public

Method of Payment

- Check for \$ _____ made payable to the USTA
 Credit Card Visa MasterCard AMEX Discover

Credit Card Number _____ Expire Date _____

Authorized Signature _____

By joining, I agree to adhere to the Constitution, Bylaws and Rules & Regulations of the USTA.

Copy, complete, and mail form with payment to:

USTA • PO Box 643767 • Pittsburgh, PA 15264-3767



MIDWEST

2014 Tennis Program Grant Evaluation

www.midwest.usta.com

Evaluation must be completed and returned within two weeks for the conclusion of your program; if the program is on-going, no later than November 15 of the year in which the grant was awarded.

| | |
|---------------------------|--|
| Sponsoring Organization: | |
| Program Name: | |
| Contact Name: | |
| Mailing Address (Street): | |
| City, State, Zip: | |
| Email: | |
| Website: | |

| | | | |
|-------------------|--|---------------------------------|--|
| Work Phone | | USTA Organization Membership #: | |
| Home/Mobile Phone | | Are you a 501[c]3? | |
| Fax | | Tax ID # | |

PROGRAM EVALUATION

(Attach additional sheets as necessary)

Number of program participants: 2013 Actual _____ 2014 Goal: _____ 2014 Actual: _____

On the following scale, rate your program's success in achieving your objectives:

- Poor
 Fair
 Good
 Excellent

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Did your program meet the goals & objectives as outlined in your proposal? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

Please explain why or why not:

What did you like MOST about your program?

What did you like LEAST about your program?

How would you improve your program?



2014 Tennis Program Grant Evaluation
www.midwest.usta.com

Do you plan to continue your program next year with local funding/resources? Yes No

If YES, describe the funding/resources to be used:

If NO, please explain:

Additional Comments:

NOTE: Please attach photocopies of any local publicity generated by the grant, photos of the program (including names and contact information of individuals in the photos), and any other materials showing the impact this grant had on tennis in your community.

Signature of Program Director & Date: _____

Email completed evaluations to the Staff "Contact" listed on page 1 or Mail/Fax to:

USTA/Midwest Section
Attn: (Insert Staff "Contact" from page 1 here)
1310 East 96th Street, Suite 100
Indianapolis, IN 46240
Fax: 317/577.5131
Phone: 317/577.5130