Serving Up Tennis Grant Application

1. General Applicant Information

Organization Name:

Program Name (if different):

Contact Name:

Position/Title:

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Additional Contact Name:

Title:

Email:

Phone:

2. **Please check which USTA Missouri Valley District you are located** *

- Heart of America
- Iowa
- Kansas
- Missouri
- Nebraska
- Oklahoma
- St. Louis

3. **Type of Serving Up Tennis Grant Requested** (Please check all that apply) *

- [ ] Community Organization Start Up /Expansion (CTA/NJTL)
- [ ] Tennis on Campus Start Up/Expansion
- [ ] Kids' Tennis Club Start Up/Expansion
- [ ] USTA Junior Team Tennis Start up/Expansion
- [ ] USTA No-Cut Coach Start up/Expansion
- [ ] USTA sanctioned Tournament Circuit
- [ ] USTA registered Play Day Circuit
- [ ] Diversity and Inclusion Start up/Expansion
- [ ] Adaptive/Wheelchair Tennis Start up/Expansion
- [ ] Senior Population
- [ ] Social & Sport Club Start up/Expansion
- [ ] Young Professional Start up/Expansion
- [ ] Youth and/or adult - Modified Equipment
- [ ] Tennis on Campus - Balls
- [ ] PE Tennis - Matching up to 12 racquets and 12 balls
- [ ] Kids' Tennis Club - Equipment
- [ ] No-Cut Coach - Equipment
- [ ] Adaptive/Wheelchair - Equipment

4. **Have you met with and discussed this program with your local TSR (Tennis Service Representative) or Missouri Valley staff?** *

- ( ) Yes
- ( ) No - Please contact your Local TSR (Contact Info Below)

5. **USTA Organization Membership Information**

Note: USTA Organization Membership MUST be current.
If your organization is not a USTA Member or the Membership has expired, please call Membership Services at 1-800-990-8782.

*

USTA Organization Member Number: _____

6. **Organization Information:** *

Is your organization a Community Tennis Association?	Yes / No
Is your organization a NJTL?	Yes / No
Is your organization a 501 (c)(3)(tax exempt) corporation?	Yes / No
Is your organization a public agency/unit of a government or religious institution?	Yes / No

7. **Please provide a brief explanation of your organization or program specific to the tennis program you are requesting funding for:** *

8. **Age Groups Targeted (please check all that apply)** *

- [ ] Youth (10 & Under)
- [ ] Youth 11-18
- [ ] Adult 19-49
- [ ] Senior (50 & over)

9. **Ability Level of Participants (Please check all that apply)** *

- [ ] Beginner
- [ ] Intermediate
- [ ] Advanced
- [ ] Tournament Level

10. **Program & Participant Details** *

Program Start Date:	
Program End Date:	
Days Per Week:	
Hours Per Day:	
Years in Existence:	
Estimated Number of participants in tennis program:	
# of past Participants:	
Location of Program:	

11. **Previous USTA Funding:** *

Has your organization/program ever received any National Grant dollars?

Yes
No

Has your organization/program ever received any Section Grant dollars?

Yes
No

Has your organization/program ever received any District Grant dollars?

Yes
No

12. **Please explain how your grant will be used and provide a brief explanation for need for funding support:** *

13. **Please provide brief summary of any community partners that you are collaborating with on this program:** *

14. **Please describe strategies for sustaining this effort. List any additional funding source outlets:** *

15. **Please provide us with your overall goal for your tennis program and objectives for meeting these goals:** *

16. **Annual Tennis funding sources and amounts:**
Please report the dollar amount next to each source of funding that is applicable for the tennis program.
For sources that are not applicable, you must enter $0 in each field. *

Membership Income: $	
Participant Fees: (# participants x fee =): $	
Foundations: $	
Corporations: $	
Service Organizations: $	
Fundraising Events: $	
Local Sponsorships: $	
In-kind Support: $	
Earned Income: $	
Total Income: $	

17. **Please report all tennis program expenses:**
Expense may include, but are not limited to, instructor/organizer wages, equipment, court/facility rental, marketing/promotional materials.
For expenses that are not applicable, you must enter $0 in each field. *

Court/Facility Rental Fee: $

Instructor/Coach Stipend: $

Marketing/Promotion: $

Equipment: $

Other: $

Total Expenses: $

18. **Total Grant Request:**
Please provide the total dollar amount requested by using the following formula:

Total Expenses - Total Income = Total Grant requested

* Note: The maximum amount awarded by the USTA Missouri Valley Serving Up Tennis Grant is $1000). *

Total Expenses: $

Total Income: $

Total Grant Requested: $

19. **If you are applying for a Matching Schools Equipment Grant (up to 12 racquets and up to 12 balls). Please upload a receipt.**

Browse... Upload

20. **Additional Comments:**