

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

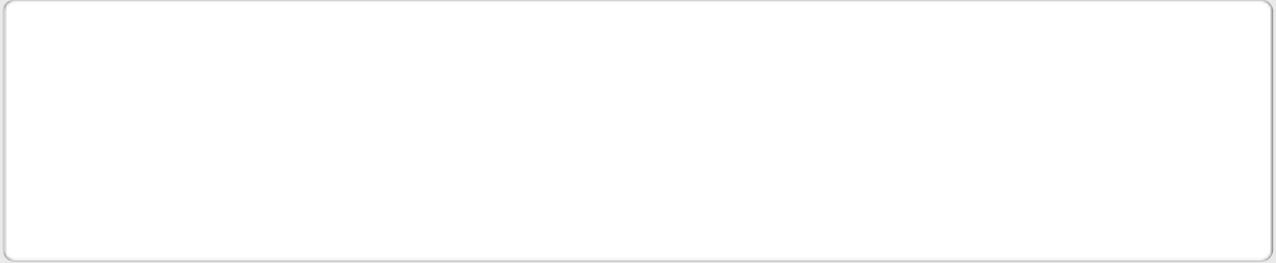
Has your organization/program ever received any District Grant dollars?

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: *

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

A large, empty rectangular text box with a thin gray border, intended for the user to provide their overall goal for the tennis program and objectives for meeting these goals.

SAMPLE

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:

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