



## EASTERN

### 2017 USTA Eastern Region Grant Application

The Region Board of the USTA Eastern Section is soliciting grant proposals from USTA Member Organizations that are focused on fostering participation in tennis and USTA programs. Special consideration will be given to organizations seeking to offer tennis programs within the following categories:

- 1- School and After School
- 2- Diverse Populations
- 3- Adult Leagues
- 4- Jr. Team Tennis/ Youth Tennis Leagues
- 5- Community Tennis Associations (CTA) & National Jr. Tennis and Learning (NJTL)
- 6- Special Populations/Wheelchair Tennis
- 7- Innovative Programs

We will allocate grants up to **\$1000**. Proposals should demonstrate the following emphasis:

- Interest in working closely with the Region Board and the Region Tennis Service Representative.
- Specific examples of programs that attract new players AND/OR retain existing players by offering clinics, leagues, special events and tournaments.
- This funding opportunity is for tennis programs/events operating in 2017.

#### **GRANT PROPOSAL SUBMISSION SPECIFICS**

- **Membership Organizations are limited to one grant application per program and applications must include a current USTA Member Organization number.**
- Include as attachments:
  1. Program description: including anticipated participation numbers, start and end date/hours per week, staffing requirements
  2. History of program
  3. Program budget
  4. Organization's Operational budget
  5. Enclose flyers, brochures, or other promotional information (if available)

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 program to the Tennis Service Representative. Tennis Service Representative Contact information:

Western: Joe Steger  
[steger@eastern.usta.com](mailto:steger@eastern.usta.com)  
914-282-4153

Northern: Jenny Irwin  
[Irwin@eastern.usta.com](mailto:Irwin@eastern.usta.com)  
518-369-6380

Southern: Sandy Hoffman  
[Hoffman@eastern.usta.com](mailto:Hoffman@eastern.usta.com)  
914-980-8216

New Jersey: Quacey Balleste  
[balleste@eastern.usta.com](mailto:balleste@eastern.usta.com)  
914-272-5692

Metro: Gustavo Lozo-Padilla  
[padilla@eastern.usta.com](mailto:padilla@eastern.usta.com)  
914-393-8377

Long Island: Neil Thakur  
[Thakur@eastern.usta.com](mailto:Thakur@eastern.usta.com)  
914-589-4500

**Please complete the following Grant Application Form:**

Name of Organization	
Region	<input type="checkbox"/> New Jersey <input type="checkbox"/> Southern <input type="checkbox"/> Western <input type="checkbox"/> Metro <input type="checkbox"/> Northern <input type="checkbox"/> Long Island
Have you received this grant before? YES, Please indicate year and amount received.	<input type="checkbox"/> YES <input type="checkbox"/> NO
USTA Organization Membership number ( <i>Required</i> )	
Name of Contact	
Phone	
Address	
Email address	
Website	
Tax I.D. # or E.I.N. #	
Areas of concentration:	<input type="checkbox"/> School and After School Programming <input type="checkbox"/> Diverse programming <input type="checkbox"/> Adult League <input type="checkbox"/> Jr. Team Tennis/Youth Tennis Leagues <input type="checkbox"/> Community Tennis Associations (CTA) & National Jr. Tennis and Learning (NJTL) <input type="checkbox"/> Special Populations/Wheelchair Tennis <input type="checkbox"/> Innovative Programs <input type="checkbox"/> Other (Please explain)
Grant amount requested	
New or Expansion Program	<input type="checkbox"/> New <input type="checkbox"/> Expansion
If Awarded, to whom should the check be payable to?	Payable to:
Is your organization? Check one:	<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <b>*Grants For Profit Org's must name a source for matching program funds.</b>
Date:	
Signature:	
Checklist (make sure you included ALL of the following requirements before submitting)	<input type="checkbox"/> History of Program (attached) <input type="checkbox"/> Program Description (attached) <input type="checkbox"/> Budget for program (attached) <input type="checkbox"/> Operating budget (attached) <input type="checkbox"/> Signed & Completed W9 form (attached)

**Only Fill Out this Section - If Awarded**

Please complete the following Grant ACCOUNTABILITY Form **upon completion** of the program:

Name of Organization	
Name of Contact	
Phone	
Address	
Email address	
Amount of Grant	
Number of participants served	

Please provide the following information:

1. In 500 words or less, describe how the grant funds led to a successful program. Include the following:
  - Start and end date
  - Location
  - Target audience
  - Successes
  - Challenges
2. LIST GRANT EXPENDITURES: (example, equipment: \$250.00)