

# USTA NORTHERN CALIFORNIA FOUNDATION GRANT REQUEST

1. Name of organization applying for a Grant:
2. Name of contact and title of person applying for the Grant from the above organization (Full Legal Name):
3. Organization contact information:
  - Address:
  - City:
  - State:
  - Zip:
  - Website:
4. Name of organization or person that check should be made payable to:
5. How long has this organization been in operation and what programs does it serve?
6. Please indicate your goals with tennis within this organization:
7. Please provide the name of the USTA Staff person from whom you are receiving guidance on the purpose of this grant request:

8. Please select which grant you are applying for  
8a. H.I.T.S. Program Cost Grant (up to \$240 for 24 kids in HITS Program – Program must charge \$0 to qualify)

Yes\_\_\_\_ No \_\_\_\_

If yes to 8 – Please indicate how many children you expect in your program:

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

- 8b. Wilson Equipment Package Grants (\$250 Equipment Package)

Yes\_\_\_\_ No \_\_\_\_

8c. Does your organization want to apply for additional equipment package(s)? If yes, how many additional package(s) and how many kids will be participating in your H.I.T.S. program?

Package(s) \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

9. If applying for a H.I.T.S. grant do you acknowledge that you must send someone to a H.I.T.S. training prior to the start of the program? Yes/No

Yes\_\_\_\_ No \_\_\_\_

10. Which training do you plan on attending?

11. Have you provided a background screening for the USTA in 2014 or 2015? Yes/No

Yes\_\_\_\_ No \_\_\_\_

12. Please indicate ethnicity of kids being served thru your organization:

13. What is the age range of the youth that you serve?

14. Does your program serve kids from economically challenged households and communities (please explain).

15. Please explain the tennis schedule within your organization:

- Days of the week of your tennis program:
- What time does your tennis program run during the above days?
- What is the duration of your tennis program? (spring, summer, fall, winter)
- Other information regarding your tennis program schedule:

16. Has this organization received a USTA Foundation grant in the past? Please explain what grant(s) and when.

17. Is this organization an NJTL Chapter or want to become an NJTL Chapter?

18. Is there anything else we should know about your organization?

**Please initial that you accept and agree to the following:**

Provider and Organization must register on the NET GEN Registration Site: [click here](#)

- Any monies received will not be used for USTA Memberships.
- All monies must be spent on Grants indicated above within one calendar year.
- Each organization can apply once for each category in each calendar year.

- If an organization receives a grant full accountability is expected (receipts and validation of number of participants in program).
- If fund are not used within once calendar year, they must be returned to the USTA Northern California Foundation.
- All coaches/providers running a H.I.T.S. program must go thru a background screening prior to the start of the program.
- All coaches/providers running a H.I.T.S. program must send as many representatives to a H.I.T.S. training before the start of the program.
- No member of your organization is affiliated with the USTA or the USTA Northern California Foundation.
- By signing this application and submitting it you affirm that all of the above is true, correct and consistent.
- If applying for Equipment Grant and program does not run H.I.T.S. or Red Ball Junior Team Tennis H.I.T.S., it is expected that the program run 4 play days in a calendar year (1 per quarter).
- All equipment order must go thru Wilson and you must use the special Wilson pricing program for purchase.
- Organization that runs HITS must commit to running HITS RED BALL JTT within one calendar year.
- All programs must register on [Net Generation](#).

**Please include the following:**

- Internal Revenue Code Section Letter
- W9
- Tax ID #

Signature of Applicant

Please Print Name

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Date

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Please send all grant applications to:

Alison Vidal – [vidal@norcal.usta.com](mailto:vidal@norcal.usta.com) and copy your TSR.

## **Tennis Service Representatives**

**Alison Vidal** – North Counties

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**Michelle Skipwith** – Napa, Sonoma, Marin

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**Cherryl Silva** – Yolo, Solano, Contra Costa

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**Lucy Schermerhorn** – Santa Clara excluding Campbell, Cupertino, Gilroy, Los Gatos, Morgan Hill, Monte Sereno, San Martin, Saratoga

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**Christy Perez** – Fresno, South Valley Counties

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**India Hoffman** – Campbell, Cupertino, Gilroy, Los Gatos, Monte Sereno, Monterey, Morgan Hill, San Benito, San Martin, Santa Cruz, Saratoga

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