**2012 United States Tennis Association**

**Grassroots Wheelchair Grant Guidelines**

One of the ways the United States Tennis Association Incorporated (“USTA”) continues to succeed is through awarding grants to organizations that promote and develop the growth of wheelchair tennis and use the sport of tennis to build stronger, healthier communities.

***This grant is designed to target "wheelchair programs" that are growing wheelchair tennis in their local areas.***

# The amount of each wheelchair grant will be based on the organization’s program existing budget, the future programmatic needs of the organization and the program's sustainability. The USTA supports programs that promote and develop the growth of wheelchair tennis and meet the USTA's grant initiatives, including:

* Coaching
* Court time
* Equipment
* Events (i.e. Run/Rolls, tournaments, camps, clinics)

(The above initiatives are listed in order of priority)

A USTA Organization membership is highly encouraged for any organization or group applying for a USTA wheelchair grant. If you are not currently a member please visit [www.usta.com/membership](http://www.usta.com/membership) and click on Organizations to learn more or call 800-990-8782.

**Grant Timeline:**

1. Grant Application released – **July 6, 2012**
2. Grant Application due via email, regular mail, or fax ([wheelchairinfo@usta.com](mailto:wheelchairinfo@usta.com) or 914-696-2011) by 11:59 pm EST – **November 9, 2012**
3. Grant recipients will be announced no later than **December 6, 2012.**

Questions:

Please email [wheelchairinfo@usta.com](mailto:wheelchairinfo@usta.com) with any questions.

## Wheelchair Program Grant Cover Sheet (Two Pages Maximum)

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| Please answer all questions on this page, do not refer to attachments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Today’s Date: | | | |  | | | | | / |  | | | / | | |  | | | USTA Organization ID Number: | | | | | | | | | | | | | |  | |
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| 1. | Legal Name of Organization: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 2. | Address of Organization: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Phone Number: | | | |  | | | | | | | | | | Fax Number: | | | | | | | |  | | | | | Website: | | | |  | | |
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| 3. | Applicant/ Organization Contact Name: | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |  | | | | |
|  | (Person responsible for overseeing grant funds implementation) | | | | | | | | | | | | | | | | (Mr., Mrs., Ms., etc.) | | | | | | | | | First Name | | | | Last Name | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Phone Number: | | | | | |  | | | | | | | | | | | | | | | Email: | | | | |  | | | | | | | |
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| 4. | Contact person for this application: | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |  | | | | |
|  | [if different from Applicant Name] | | | | | | | | | | | | | | | | (Mr., Mrs., Ms., etc.) | | | | | | | | | First Name | | | | Last Name | | | | |
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|  | Phone Number: | | | | | |  | | | | | | | | | | | | | | | Email: | | | | |  | | | | | | | |
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| 5. | Summarize Organization’s Mission or Purpose: (two or three sentences) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. | | Grant Request: | | | | $ | |  | | | |  | | | | | | | | | | | | | | | | |
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| 7. | | Organization’s total budget: | | | | | | | | | $ | |  | | | | | | | | Project/Program’s budget: | | | | | | | | | | $ | | |  |
|  | | | | | | | | | | | | | | | | | | | | | (if applicable) | | | | | | | | | |  | | | |
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| 8. | | Summary of project or grant request (two to three sentences) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. | | Project title (if project support is requested): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| 10. | | \* | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
|  | | Signature of Grant Applicant(Required)  \*Agreeing to provide 2 updates in 12 months regarding the use of funds | | | | | | | | | | | | | | | | | |  | | | | | Signature of Organization Leadership | | | | | | | | | |

USTA Wheelchair Grant

Proposal Outline

**I. Narrative-Please provide as much detail as possible.**

**A. Organization Background:** Describe the work of your organization, addressing each of the following:

* A brief description of its history, mission, goals and objectives, services, overall size, number of individuals served.
* Current programs and accomplishments. Please emphasize the achievements of the last two years (i.e., what are your specific accomplishments in your community?)
* Number of paid full-time staff, number of part-time staff, number of volunteers, number of Board Members.
* Your organization’s collaborations/relationships – both formal and informal – with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies
* Previous funding received from the USTA, include funding from USTA National, Section and/or District offices, as well as USTA Serves.

**B. Funding Request:** Please describe the program for which you seek funding.

Please explain the project/program detail, including:

* + A statement of the need or problem that you are seeking to address;
  + Identify the projects goals and objectives;
  + The population that you plan to serve and how this population will benefit from the project; Include the number of individuals to be served;
  + Strategies and activities that you will employ to implement your project;
  + The proposed staffing pattern for the project, and the names and titles of the individuals who will direct the project;
  + A timeline and length of project;
  + Identify the anticipated results;
  + How the project contributes to your organization’s overall mission; and
  + Identify other organizations that will be involved as collaborators.

**C. Evaluation:** Please explain how you will measure the effectiveness of your activities.

* What evaluation tools are being used to measure the program/project’s success?
* Explain your specific goals for the program/project and how they will be objectively monitored and measured.
* Directly answer the following question: How will you know whether the program/project demonstrated success?
* How will the program/project and what is learned from it enhance your organization’s ability to promote and develop the growth of tennis after the grant period?

**D. Program Sustainability:**

* Provide a reasonable plan for the financial sustainability of the program after the conclusion of funding from the USTA, such as indicating where additional support will likely be sought.
* If you have applied for funding from other sources, list these potential sources, amounts you are seeking and when you expect a decision to be made on these requests.

**II. Budget/Financials** – The following information must accompany all proposals, regardless of the size of request. Not all categories are applicable, however. You may submit this information as an attachment and in the format most convenient to you; it should, however, include as much of the following detail as possible.

A. Program/Project Budget and Budget Narrative for the year of the grant.

Revenue: include a description and total amount for each category that is relevant to your organization. (Skip categories where you have no revenue.)

Revenue Categories:

1. Grants and Contracts
   * Local Government
   * State Government
   * Federal Government
   * Foundations
   * Corporations
   * United Way/other federated campaigns
   * Individual Donors
   * Other (specify)
2. Earned Revenue

* Events
* Publications and Products
* Fees
* Other (specify)

1. Membership Income
2. In-kind Support (donated goods, services, equipment, non-cash items, volunteer hours)
3. Other (specify)
4. Total Revenue

**V. USTA Wheelchair Grant Deadline:**

All proposals for funding must be **received** by **November 9, 2012**. Incomplete applications will not be accepted. Hand-written applications will not be accepted. All applicants will be required to submit an accountability form showing where and how their funds were spent. Applicants will be notified in early December if they received a grant.

Please print the completed application with the supporting documents and send your proposal/application to the email address, fax number, or mailing address listed below.

**United States Tennis Association**

**2012 Wheelchair Program Grant**

**70 West Red Oak Lane**

**White Plains, NY 10604**

**wheelchairinfo@usta.com**

**Fax: 914-696-2011**

If you need assistance in completing your proposal, please send questions to wheelchairinfo@usta.com