# ADAPTIVE TENNIS GRANTS

1. **PLAY DAY GRANT – Up to $100**

The Adaptive Tennis Play Day Grant is awarded to organizations hosting a 2-3 hour Tennis Play Day experience for persons with intellectual/physical disabilities and that have registered their Play Day with the USTA/Midwest Section. Four (4) grants will be available to each of the following states: Illinois, Indiana, Michigan, Ohio, and Wisconsin. A final summary report will be required. Recipients may reapply for additional Play Day funding after a waiting period of six months.

1. **8-WEEK ADAPTIVE TENNIS SESSION GRANT - Up to $250**

This grant is available to Community Tennis Associations, Park and Recreation Departments and Special Needs agencies to initiate an 8-week tennis session for persons with intellectual/physical disabilities.

1. **ADAPTIVE FAMILY GRANT – Up to $100**

The Adaptive Family Grant is available to families with a child with special needs enrolled in a tennis class or camp. Families must submit a paid receipt for reimbursement. This grant is limited to one grant per family per year.

**GRANT PURPOSE**

The USTA/Midwest Section is committed to promoting tennis at the local level. To that end, we offer program grants and individual grants to players and organizations to assist organizations in initiating or expanding their Adaptive Tennis programming activities.

One of the ways the USTA/Midwest Section continues to increase Adaptive Tennis participation is through awarding grants to organizations and/or individuals that promote and develop the growth of adaptive tennis through Adaptive Play Days or 8 week Adaptive Tennis Training Sessions and use the sport of tennis to build stronger, healthier communities.

These grants are designed to target programs and/or individuals that are initiating and growing Adaptive Tennis in their local areas within the USTA/Midwest Section.

**GRANT ELIGIBILITY**

Priority will be given to those programs or individuals that promote and develop the growth of adaptive tennis, target new players, link their program(s) to continuing play opportunities, including group lessons and organized play programs. The USTA/Midwest Section supports programs and individuals that promote and develop the growth of adaptive tennis and meet the USTA/Midwest Section’s grant initiatives, including:

• Coaching

• Court time

• Equipment

• Events (i.e. Run/Rolls, tournaments, camps, clinics)

• Tournament player assistance

**APPLICATION DEADLINE**

The Adaptive Tennis Committee Grants are available to apply for throughout 2015 until funds are exhausted. All applicants will be required to submit an accountability form showing where and how their funds were spent.

**GRANT CONTACT**

For more information or questions about the Adaptive Tennis Committee Grant application, please contact Kylie York [york@midwest.usta.com](mailto:Brandon@midwest.usta.com).

*Email or Mail/Fax completed applications with any supporting documents to:*

USTA/Midwest Section

Attn: Adaptive Tennis Grants

1310 East 96th Street, Suite 100

Indianapolis, IN 46240

Fax: (317) 577-5131

|  |
| --- |
| ADAPTIVE TENNIS GRANT FORM |

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |
| --- | --- | --- |
| Grant Request (\*Applicants must register Play Day with USTA) | | |
| $100 Adaptive Play Day\* | $250 Adaptive 8-week Training Session | Family Grant |

|  |  |
| --- | --- |
| Organization Name: |  |
| Mailing Address (Street): |  |
| City, State, Zip: |  |
| Website: |  |
| Tax ID # |  |
| Are you a 501[c]3? |  |
| Make Check Payable to: |  |

|  |  |
| --- | --- |
| Contact Name: |  |
| Mailing Address (Street): |  |
| City, State, Zip: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Make Check Payable to: |  |

|  |
| --- |
| Program Information: Include overall purpose, goals, promotional plan, venue, volunteer recruitment and training, timeline and event schedule, equipment, medical coverage, water source. |
|  |

|  |
| --- |
| PROGRAM INFORMATION |

|  |  |  |
| --- | --- | --- |
| Total # of Participants |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participants Disabilties: |  | Autism Spectrum Disorder |  | Down Syndrome |
|  | Other Intellectual Disabilties |  | Cerebral Palsy |
|  | Other Physical Disabilities |  | Vision Impairment |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participants Mobility: |  | Ambulatory – Independent |  | Walker/Crutches |
|  | Wheelchair | | |

|  |
| --- |
| List your measureable criteria for a successful program and the results you expect to achieve:. |
|  |

|  |
| --- |
| Describe your long-term strategies for sustaining this program or individual goals: |
|  |

|  |
| --- |
| FAMILY GRANT APPLICATION |

|  |  |
| --- | --- |
| Family Information | |
| Name |  |
| Mailing Address (Street): |  |
| City, State, Zip: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Tax ID # |  |
| Make Check Payable To: |  |
| USTA Member Number |  |

***Original Program Receipt Must Be Attached***

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name: |  | Participant Age: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participants Disabilties: |  | Autism Spectrum Disorder |  | Down Syndrome |
|  | Other Intellectual Disabilties |  | Cerebral Palsy |
|  | Other Physical Disabilities |  | Vision Impairment |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Name: |  | | | | |
| Program Date: |  | Program Cost: |  | Session Length: |  |

|  |  |
| --- | --- |
| Program Leader Name: |  |
| Mailing Address (Street): |  |
| City, State, Zip: |  |
| Program Website |  |
| Tax ID # |  |
| USTA Organizational Member # |  |

|  |
| --- |
| PROGRAM GRANT BUDGET FORM |

NOTE: NOT ALL BUDGET ITEMS BELOW WILL APPLY TO ALL APPLICANTS.

**FINANCE AND BUDGET:**

Please list your complete program budget (if applicable)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Total Program Budget: | $ |

List other funding sources for this program (community and other):

|  |
| --- |
|  |

How will the program or you as an individual strive to be financially supported in the future?

|  |
| --- |
|  |

Signature of person responsible for providing a summary of your program and report within 4 weeks after completion including any news articles, photos, and written feedback.

Signature:

##### For USTA Section Use Only -

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date Received: |  |  |  | Approve |  | Disapprove |
| District: |  |

Authorized USTA Section Signature Date