



2010 USTA Adaptive Tennis Committee Grant Application Form

Organization: _____

Program Name: _____

Executive Director: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone (W): _____ (C): _____

E-Mail: _____

Make Check Payable To: _____ Tax ID #: _____

USTA Organizational Membership (if applicable)

USTA Organizational Member Name: _____ USTA#: _____

Is your organization incorporated as a Not-for-Profit organization? YES__ NO__

Does your organization have a Tax-Exempt status? YES__ NO__

Membership in Other National Organizations: _____

Is your program certified/licensed? If so, by whom?: _____



Type of Grant Requested (circle ONLY one)

QuickStart

Train the Trainer

Both

Program Information (circle one)

1.Years in existence: New 1-3 years 4-6 years 7 + years

2.Targeted Age Groups: Children (10 and under) Youth (11 to 18) Adult
Senior Other_____

3.Target Population(s)/category(ies) per grant criteria:_____

4.Facility Type, if applicable:

School Public Park Club Other:_____

5.Estimated Number of Participants:____6.Number of Tennis Courts:_____

7.Number of QuickStart Tennis Courts:_____

8.Program Duration: Start Date:_____ End Date:_____

Hours/Week:_____

Is the program throughout the year? Please elaborate_____

9.Please submit a program narrative with this application-refer to Grant Criteria

Grant Applications must be returned electronically to:

Gustavo Moral, Chair, Adaptive Tennis Committee
moral@ismnh.com
(603) 566-3197



Budget Summary

Your budget must at minimum contain the following line items (even if your amount equals zero due to other circumstances, such as volunteer help)-you must include a budget narrative:

1. Salary and wages
2. Equipment
3. Transportation
4. Publicity
5. Court rental
6. Total amount requested

OTHER:

1. Matching funds
2. In-kind contributions
3. Other income
4. Is your entity subject to an external audit?

FOR USTA ADAPTIVE TENNIS COMMITTEE USE ONLY

Approve:____ Reject:____

Comments: