



Tennis for Tomorrow

Mission: *The Virginia Tennis Foundation is a not for profit, tax exempt 501(c)3 organization whose mission is to provide resources necessary to enhance programs and services to those in the Commonwealth of Virginia who would otherwise be unable to participate fully in the sport of tennis.*

Our focus is to raise funds for programs seeking to help Wounded Warriors and their families, wheelchair players, our special needs population, and at risk youth.

GRANT CRITERIA AND APPLICATION PRODECURES

1. Organization/Applicant must be a current USTA Member.
2. Program/Organization/Applicant must reside in the Virginia District.
3. Applicant must provide a letter of recommendation.
4. Submit completed applications to: Attn: Sue Worsham, C/O:
USTA/Virginia Tennis, 3229 Brandon Ave, Suite 6, Roanoke, VA 24018
5. The Virginia Tennis Foundation will review applications on a rolling deadline.
6. Applications will be accepted throughout the year.
7. Virginia Tennis Foundation will then notify applicant of the outcome.

GUIDELINES

- **Program and equipment grants may be applied for:**
 - **Program/Equipment grant maximum \$1000**
- **This grant does not cover season ending banquets and travel expenses.**
- **The program/applicant must return the accountability form 30 days from end date of program.**
- **Programs should charge a reasonable registration fee to encourage participation, and provisions should be made for interested participants who lack the funds.**
- **Funding for more than one program/applicants are available and separate applications must be filled out to apply.**

Please contact the Virginia Tennis Foundation, by calling the USTA/Virginia Tennis office at 540-982-5524 or 800-229-3166 for questions or more information. To apply send a completed grant application via mail, fax or email.

Virginia Tennis Foundation
Attn: Sue Worsham
3229 Brandon Ave, SW Suite 6
Roanoke, VA 24018



2011 GRANT APPLICATION

USTA Member/Organization _____

Program Name _____

Contact Name _____

Position/Title _____

Mailing Address _____

City/Town _____ State **VA** Zip _____

Daytime Phone _____ E-Mail Address _____

Make check payable to* _____

*Check must be payable to the current USTA Member/Organization ONLY.

TYPE OF GRANT REQUESTED:

- PROGRAM EQUIPMENT

IF PROGRAM WAS SELECTED, PLEASE MARK TYPE OF PROGRAM GRANT REQUESTED:

(CHECK ONE ONLY)

- 10 and Under Tennis Junior Team Tennis School Tennis Recreational Coach Workshop
 Tennis in the Parks Tennis on Campus Tennis Block Party NJTL
 Community Tennis Association Multicultural Adaptive Wheelchair Military

MEMBERSHIP

USTA Organization/Applicant Membership Number (required) _____ Expiration Date _____

Is your Organization a 501©(3) corporation? _____ Yes _____ No

If no, what is your organizations not-for-profit status _____?

Or name of fiscal agent (fiscal sponsor)? _____

Is your organization a public agency/unit of a government or religious institution? _____ Yes _____ No

AGE GROUPS TARGETED

_____ Youth (18 & under) _____ Adult (19-49) _____ Senior (50 & over)

DURATION OF PROGRAM AND ESTIMATED NUMBER OF PARTICIPANTS

Start Date _____ End Date _____ Hours per week _____

Years in Existence of Program: _____ New _____ 1-3 years _____ 4-6 years _____ 7+years

Estimated number of Participants _____ Number of Courts Used _____

GRANT REQUESTED

TYPE OF GRANT: Start-up Expansion Other

FORM GRANT IS REQUESTED IN: Monetary Equipment Other

AMOUNT OF MONETARY GRANT REQUESTED: (please specify dollar amount) _____

EQUIPMENT REQUESTED: (please specify all equipment requested) _____

PROGRAM/EVENT BUDGET SUMMARY

EXPENSES

Instruction:

Head Instructor: Name _____ USPTA PTR (Circle if applicable)

Assistant Instructor: Name _____ USPTA PTR (Circle if applicable)

Head Instructor _____ (\$ Per Hour) x _____ (Total Hours) = _____

Assistant Instructor _____ (\$ Per Hour) x _____ (Total Hours) = _____

Volunteers _____ Total Number of Volunteers

Publicity:

Flyer/Brochure _____ (\$ Printing Cost) x _____ (# of pieces) = _____
Production

Flyer/Brochure _____ \$Per Piece) x _____ (# of pieces) = _____
Distribution

Equipment:

Rackets/Balls/Nets _____ (# X Cost) = _____

Prizes/T-shirts _____ (# X Cost) = _____

Court rental _____ (\$ Cost per Hour) x _____ (Total # of Court Hours) = _____

Other _____ = _____

TOTAL EXPENSES

INCOME

Cost per Participant _____ X _____ (# of Participants) = _____

Sponsoring Organization (s): _____ = _____

In-Kind Donations: _____ = _____

TOTAL INCOME

INCOME LESS EXPENSES

GRANT REQUESTED

Signature of Grant Applicant _____

Date: _____

FOR DISTRICT USE ONLY

Comments:

____ Approve _____ Disapprove _____ Rank _____ Suggested Grant Amount \$ _____

Authorized District Signature _____ Date _____

Please review the Grant Information page to ensure that you have completed and abided to the criteria and guidelines of USTA grant applications.