



SOUTHERN CALIFORNIA

2018 Southern California Tennis Association CTA Partnership Grant

The CTA Partnership Grant is offered each year to all registered CTAs in Southern California. The intention of this funding program is to help CTAs strengthen their organization, and to support them in growing tennis through partnerships and programming.

The Southern California Tennis Association CTA Partnership Grant includes:

1. Description of the SCTA CTA Partnership Grant Instructions
2. Application - Please use the forms provided.
3. Budget Summary for proposed program – Please use the form provided.
In addition - Please attach a 2018 Organizational Budget for your organization.
4. You may submit one application per organization.
5. The sponsoring organization or program must be or become a USTA Organizational member prior to receiving funding. Call USTA membership at 800/990-USTA or visit www.usta.com to join today!
6. Grant recipients should expect unannounced on-site visits by a grant evaluator and must return an accountability report.
7. **Grant recipients are REQUIRED to attend the annual SCTA Community Development Workshop.**

Applications are due:

Monday, April 9, 2018

Please send to:
Melanie Bischoff
Director of Community Tennis
Southern California Tennis Association
PO Box 240015
Los Angeles, CA 90024

2018 Southern California Tennis Association CTA Partnership Grant

The mission of the Community Development Committee is to facilitate the creation, further development and strengthening of a network of self-sufficient community tennis organizations, who in partnership with the Southern California Tennis Association (SCTA), establish tennis activities for people of all ages and abilities in every community in Southern California. Grants are awarded to assist in the initiation or implementation of programs at the community level.

I. Types of Grants and Organization Status

Funding Levels:

- CTAs with an organizational budget of \$25,000 or less qualify for \$1,000-\$2,000
- CTAs with an organizational budget of \$25,000 or more qualify for \$2,000-\$5,000

Grant Suggestions:

- A. **General Operating Support:** A grant made to further the general purpose or work of an organization, rather than for a specific purpose or project; also called an unrestricted grant.
- B. **Wheelchair Tennis & Special Populations:** For creating and/or expanding community tennis programs for the wheelchair athlete or special populations, including persons with mental, physical and developmental impairments.
- C. **After School Programs/10 & Under Tennis:** A grant to start an after school tennis program using the 10 & Under Tennis format or in school tennis program in your community.
- D. **Community Tennis Association (CTA) Start-Up and Expansion:** For expenses related to developing a Community Tennis Association including: Start-Up: incorporation fees, federal tax exemption, 501 © (3), administrative and clerical expenses; Expansion: facility rental, costs of equipment, membership expansion, etc. (Maximum grant is \$1,000 for Start-Up Grants)
- E. **Tennis Newsletter:** Start or expand a newsletter for your association.
- F. **Educational Scholarship:** To attend the USTA Community Tennis Development Workshop.

II. Requirements:

- A. Applicants must be a USTA registered CTA and a current USTA Organizational Member.
- B. Grants will not be given to individuals.
- C. Applicants must be incorporated in the state of California as a non-profit organization, unless asking for start-up incorporation funds.
- D. Grant recipients must complete end-of-program report.
- E. Grant recipients are required to attend the annual SCTA Community Development Workshop.
- F. Grant recipients must include an Organizational Budget and a Program Budget.

2018 Southern California Tennis Association CTA Partnership Grant Application

Organization Name:

Organization Address:

Is your organization a USTA Organizational Member? Yes No If yes, Org #: _____

USTA Member Number _____

Please write both #'s if Applicable: IRS Federal Identification Number: _____

State of California Non-Profit Incorporation File Number: _____

Contact Person:

Title:

Phone Number (w) ()

Phone Number (h) ()

Email Address:

Fax Number: ()

Grant Amount Requested for program: \$

Total Program Income: \$

Total Program Expenses: \$

Type of Grant Requested (check one):

- General Operating Support After School Tennis Program/10 & Under Tennis CTA Start-up & Expansion Wheelchair/Special Populations Educational Scholarships Tennis Newsletter

What are the grant funds requested to be used for?

List of Board of Directors:

I. Organization History and expertise

1. Describe the mission, goals, history and accomplishments of your organization
 - a. Mission

 - b. Goals

 - c. History

 - d. Accomplishments

2. List additional, non-tennis program services, if any (e.g., counseling, mentoring):

3. Who will be offering, coordinating and running this program? Please include names and responsibilities of both on and off court program volunteers/staff:

II. Program Detail

1. Is the proposed program new, a pilot, or an extension of an existing program? What existing program?

2. How does this program fit into the overall goals of your organization? Which goal of your organization does this program support?

3. Location and Times: (please be specific about program sites and times of programming)
(ex. Name of Facility, Address of Facility and Days and Times of Programming)

4. Describe age group and ability level of targeted participants. Describe demographics of the population served by this program.

5. Describe duration of program, years of existence, number of courts, hours per week.

6. What is your plan to retain and increase participation at the close of the proposed program?

III. PROGRAM BUDGET

1. What are the other sources (organizations, etc.) of funding for the proposed program?

2. Describe the plan to make this program self-sufficient. Have you received an SCTA grant? If yes, please describe what the previous grant supported and how the organization was able to sustain the program. How will your organization strive to become self-sufficient by generating its own funds in the immediate future?

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Budget Summary For Proposed Program

EXPENSES

Salaries (\$ per hour x # of hours)	\$_____
Equipment	\$_____
Tennis Racquets_____	
Balls_____	
Printing & Copying	\$_____
Postage & Telephone	\$_____
Other	\$_____
TOTAL EXPENSES	\$_____

INCOME

Participants fees (fee per participant x # of participants)	\$_____
Individual contributions/donations	\$_____
Special events & other fundraisers	\$_____
Partnerships	\$_____
In-kind contributions	\$_____
Other (specify)	\$_____
TOTAL INCOME	\$_____

Number of people served _____ Per person cost* _____

*To calculate divide the total program budget by the total number of persons served by the program.

**In addition, please send a copy of your organization's entire budget.