Amount Requested *

$

Enter an Amount between $0 and $5000

Organization Info and Mailing Address *

Name of Organization

Street Address Line

City

State

Zip Code

Check Will Be Made Out To: *

Contact Name *

First Name Last Name

Contact Email *

example@example.com

Contact Phone Number *

Area Code Phone Number

ARE YOU A NON-PROFIT ORGANIZATION *

- YES
- NO

Do You Serve a Diverse and Inclusive Population? *

- YES
- NO

If my Grant request is funded, all or in part, I agree to participate in a Survey created by the USTA CT that will endeavor a good faith effort to poll the participants of my programs regarding their opinions of the overall quality of the delivered tennis experience.

- ◯ YES
- ◯ NO

Address Where Check Is to Be Mailed *

Name of Person Receiving the Check

Street Address Line

State

City

Zip Code

Type of Grant Requested *

- ☐ Jr Team Tennis Grant (must be on TennisLink)
- ☐ Community Tennis Association (CTA) Grant-Must have Organizational Membership
- ☐ Tennis in the Parks Grant-Must have Organizational Membership
- ☐ Kids Club Grant
- ☐ Adult Learn and Play Program
- ☐ Marketing Grant
- ☐ Blended Lines Grant
- ☐ School Tennis Grant
- ☐ National Junior Tennis and Learning (NJTL) Grant
- ☐ Wheelchair Tennis Grant
- ☐ Adaptive Tennis Grant
- ☐ Transportation Grant
- ☐ Diversity & Inclusion Grant
- ☐ Tennis on Campus Grant

Years In Existence *

- ○ New
- ○ 1-3 Years
- ○ 4-6 Years
- ○ 7+ Years

Target Audience *

- ☐ Youth (18 and Under)
- ☐ Collegiate (19-24)
- ☐ Adult (25-49)
- ☐ Senior (50 and Up)

Target Ability *

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced

Facility Type *

- ☐ School (k-12)
- ☐ Public Park
- ☐ Community Tennis Association (CTA)
- ☐ College or University
- ☐ Tennis Club (Private)
- ☐ Tennis Club (Public)

Program Start Date *

Program End Date *

2021 Number of Program Participants *

2022 Goal for Program Participants *

Program Hours Per Week *

Number of Tennis Courts Program Uses *

Number of 10 and Under Courts Program Uses *

Number and Kind of Scholarships Offered *

How Will You Advertise/Promote for Your Program *

- ☐ Flyers/Posters
- ☐ Direct Mail
- ☐ Radio
- ☐ Website/E-Mail
- ☐ Local Newspaper

Describe the activities for which you seek funding *

0/200

List Your Programs Overall Goals and Objectives *

0/200

How will you measure the success of your program? *

0/200

USTA Number *

Numbers Only

Organization Email *

example@example.com

Federal Tax ID # *

Please enter ONLY NUMBERS (no hyphens; spaces OK)

Please Discuss Fee Structure *

100 Words Max0/100