



# 2021 USTA NORTHERN CALIFORNIA WHEELCHAIR TENNIS STIPEND APPLICATION

USTA NorCal is committed to promoting and developing wheelchair tennis in communities throughout Northern California and Northwestern Nevada.

**The stipend provides financial support to not-for-profit USTA Member Organizations that promote recreational or competitive programs which may include: tournaments, exhibitions, clinics, or instructional camps for junior and adult wheelchair tennis players.**

Tennis programs that integrate wheelchair tennis players in activities with their peers, whether able-bodied or disabled, are encouraged to apply.

## **Priorities**

- The stipend plays an important but limited role in supporting a successful event; **community participation and support is required.**
- Organizations receiving stipends must conduct the event with sportsmanship and accountability as they represent the USTA.
- **After the event, please email photos and a short story about the event to the NorCal USTA Wheelchair Tennis Committee.**

## **Requirements:**

1. **Be or become a current USTA Organization Member** prior to receiving stipend. Call USTA Member Services (800-900-8782) to join or renew your USTA Organization Membership. If you are applying now, submit a photocopy of your application and check with Stipend Application. **Note: USTA Organization Membership is not the same as USTA Individual Membership.**
2. Disclose any conflict of interest between anyone who may benefit from stipend.
3. Submit all paperwork, attachments, and other required materials in a timely manner.
4. List 3 Measurable Outcomes.
5. Accountability forms for funding in prior years must be on file.
6. NorCal website article and photos to be submitted immediately after event concludes.
7. Respond to inquiries and/or agree to site visits at any time by representatives of USTA or USTA NorCal (staff, board of directors, volunteers).
8. **USTA NorCal stipend accountability form and proof of expenditures (receipts) MUST be returned to the Wheelchair Tennis Committee within 60 days of event/program end.**
9. Funding MUST be used to fund **wheelchair tennis events ONLY.** If event is held and there is no wheelchair component stipend must be repaid to USTA NorCal.
10. **How to Apply:**

This entire 2020 Stipend Application Form must be submitted by email or mailed to the entire Wheelchair Tennis Committee and it will be reviewed by the entire committee.

You can expect to receive a notification letter 6-8 weeks after stipend application deadline and if approved, your stipend within 14 days from date of approval.

# USTA NorCal Wheelchair Tennis Stipend Application

- \_\_\_ Cover letter/ narrative about event
- \_\_\_ Measurable Outcomes (additional page if necessary)
- \_\_\_ Budget
- \_\_\_ USTA Membership information
- \_\_\_ Previous year Accountability Form on file

USTA Member Organization Name:	
Member Number:	Contact Name:
Address & City:	State & Zip:
Contact Telephone Number:	Alternate Number:
Email:	
Stipend Amount Requested:	

Event / Program Name:		
Event Website (URL):		
What fees are associated with participating in this event / program?		
Has USTA NorCal sponsored this event / program in the past? If yes, provide years.		
Summarize the purpose and goals of the event / program:		
How many participants do you anticipate will attend this event / program?		
If program / event was sponsored previously by USTA NorCal how many participants attended?		
Historical Information: (How many years has the program / event existed or is it new?)		
What are the demographics of the program / event attendees?		

How will the program / event be promoted? (Newspaper, Broadcast Media, Press Releases, Posters, etc.):		

List 3 measurable outcomes (Use another sheet if necessary):	
1.	
2.	
3.	

Please list all program / event sponsors:		
What USTA NorCal collateral material are you requesting, if any? (Banners, flyers, player gifts, etc.):		
How will you recognize USTA NorCal publicly at the program / event? Will the recognition require the attendance of a USTA NorCal Representative? :		

**Financial: Please attach a separate sheet with a comprehensive budget for the event, including all revenue and expenses.**

Declaration:

I solemnly declare that all details contained in this report are true and correct to the best of my knowledge. I agree to be contacted for further event questions or accountability issues and provide more information if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

