

Milwaukee Youth Sports Authority Application Form

Request for Grants must be submitted on this form. Any proposal that does not use this form will be rejected.

**** IMPORTANT: You must have MSWORD 2000 or newer to use this document properly****

Tab through the document and type. Checkboxes can be checked by using the letter X. Applicants should be aware that staff will review on-line public records for anything that might affect the suitability of their receiving funding from the Milwaukee Youth Sports Authority.

SECTION 1

Name of Group/Organization:		
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:	Website:	

Contact Person:	Title:	
Street Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	
Fax:	E mail:	

Amount Requested: \$	Total Proposed Project Budget: \$
Organization's Total Annual Budget: \$	
By what date are funds needed?	
What is the EIN Number for your group/organizations? Do you have an EIN Number? _____ Yes _____ No	
Is your organization a 501(c)(3) or other tax-exempt entity? _____ Yes _____ No	
If yes, Has this proposal been approved by your Board of Directors? ____ Yes ____ No Date of Approval	
How long has your group/organization been in existence?	

What are the primary goals of your group/organization?

Signature and organizational title of person authorized to sign contracts Date Submitted

SECTION 2

1. For which sports is your organization requesting funding:

Boys	Girls		Boys	Girls	
		Baseball			Softball
		Basketball			Swimming
		Cross-country			Tennis
		Football			Tumbling & Diving (gymnastics)
		Golf			Track
		Long-distance Running			Volleyball
		Soccer			Wrestling
		Other (describe)			

2. Check the ZIP Codes that this project will serve:

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 53110 | <input type="checkbox"/> 53129 | <input type="checkbox"/> 53130 | <input type="checkbox"/> 53132 |
| <input type="checkbox"/> 53154 | <input type="checkbox"/> 53172 | <input type="checkbox"/> 53202 | <input type="checkbox"/> 53203 |
| <input type="checkbox"/> 53204 | <input type="checkbox"/> 53205 | <input type="checkbox"/> 53206 | <input type="checkbox"/> 53207 |
| <input type="checkbox"/> 53208 | <input type="checkbox"/> 53209 | <input type="checkbox"/> 53210 | <input type="checkbox"/> 53211 |
| <input type="checkbox"/> 53212 | <input type="checkbox"/> 53213 | <input type="checkbox"/> 53214 | <input type="checkbox"/> 53215 |
| <input type="checkbox"/> 53216 | <input type="checkbox"/> 53217 | <input type="checkbox"/> 53218 | <input type="checkbox"/> 53219 |
| <input type="checkbox"/> 53220 | <input type="checkbox"/> 53221 | <input type="checkbox"/> 53222 | <input type="checkbox"/> 53223 |
| <input type="checkbox"/> 53224 | <input type="checkbox"/> 53225 | <input type="checkbox"/> 53226 | <input type="checkbox"/> 53227 |
| <input type="checkbox"/> 53228 | <input type="checkbox"/> 53233 | <input type="checkbox"/> 53235 | |

3. Where and when will the project take place? _____

What is the project Start date? _____ What is project end date? _____

4. The project request is for (check one New or Expansion)

New sport for Group/organization

 Expansion of existing program

- a. How many youth do you estimate will be involved?
- b. How many youth are currently involved?
- c. How many additional youth do you estimate will be involved?
- d. How many of the participants will be females?
- e. What will the age range of your participants be?

Section 2, continued

5a. Describe how you plan to recruit the participants

5b. Do you limit participation to members of your organization/school? ___ Yes ___ No

5c. If yes, provide details

5d. If you have a participant registration form, please include it with this application.

6a. Provide a brief description of your project and how you plan to do it.

6b. Explain how you will address key health issues such as the benefits of balanced nutrition and the negative effects of smoking, drugs, and alcohol.

6c. Explain how you will develop the interpersonal and leadership skills of participants.

6d. Describe at least two benefits the youth in your program will gain.

Section 3

7. Describe the qualifications of your coaches.

8. Does your group/organization do background checks of your coaches?

_____ Yes _____ NO

9. How many volunteers are involved in this project? _____

9a. Describe the roles volunteers will play in your project

9b. Describe how you plan to recruit and train volunteers.

9c. How are volunteers screened for appropriateness with youth activities?

9d. Will you do background checks on potential volunteers? ____ Yes ____ No

10. Will you be collaborating with other groups for this grant? _____ Yes _____ No

10a. If yes, identify the groups your project will work with

10b. If yes, check the areas of collaboration that apply

_____ youth
recruitment

_____ volunteer
recruitment

_____ coaching

_____ facility sharing

_____ coach
recruitment

_____ funding

_____ referees

_____ equipment
sharing

_____ Other: Describe

10c. Describe the goals and desired outcomes of this collaboration.

11. Describe your plan to sustain this project financially in the future.

Sports Authority Budget

<u>Revenue</u>	<u>Total Project Budget</u>	<u>Sports Authority Funding Budget</u>	<u>In-kind Match (25% of Sports Authority Funding Budget Required)</u>
	\$	\$	\$
Sports Authority Funding Requested	_____	_____	_____
Contributions	_____	_____	_____
Sponsorships	_____	_____	_____
Fund-raising	_____	_____	_____
Event	_____	_____	_____
Government	_____	_____	_____
Grants	_____	_____	_____
Private Grants	_____	_____	_____
Concessions or other sales	_____	_____	_____
Participant Fees	_____	_____	_____
Number of participants	_____	_____	_____
Fee for each participant	_____	_____	_____
Other (describe) _____	_____	_____	_____
TOTAL REVENUE	<u><u>\$</u></u>	<u><u>\$</u></u>	<u><u>\$</u></u>
<u>Expense</u>			
Team Registration and/or Tournament Fees	\$	\$	\$
Uniforms (youth participants only, not coaches or referees)	_____	_____	_____
Transportation	_____	_____	_____
Referees	_____	_____	_____
Equipment	_____	_____	_____
Nutritious food (maximum \$500)	_____	_____	_____
Health Checkups for Youth Participants (max \$30 each)	_____	_____	_____
Clinics and Training for Coaches, Youth Coaches, Referees, and/or Umpires (max \$500)	_____	_____	_____
Stipends for coaches that are youth (max \$1,000)	_____	_____	_____
If it falls in the expense category	_____	_____	_____
In-Kind	_____	_____	_____
TOTAL EXPENSE	<u><u>\$</u></u>	<u><u>\$</u></u>	<u><u>\$</u></u>

NOTE: TOTAL EXPENSES MUST EQUAL TOTAL REVENUE

ATTACHMENT A

Project Revenue – Description of Details

You may attach additional pages if necessary, including the Budget Builder, Slight variances may be permitted

Contributions (list donors and approximate amounts):

Sponsorships (list donors and approximate amounts):

Fund-Raising Event (list and describe events and approximate amounts to be raised):

Government Grants (list grant sources and approximate amounts):

Private Grants (list grant sources and approximate amounts):

Concessions or other sales (list sales and approximate amounts to be raised):

Participant Fees (Describe fees):

Number of participants: _____

Each participants pays: _____

Other (Be very specific):

Please describe in detail any In-kind Revenue noted/referenced on the Project Budget

ATTACHMENT B

Project Expenses – Description of Details

You may attach additional pages if necessary, including the Budget Builder, Slight variances may be permitted

Be very specific; include full descriptions and prices

Team Registration and/or Tournament Fees: (list tournaments and events with costs for each)

Uniforms: (youth participants only, not coaches or referees) (Describe uniforms and list prices)

Transportation: (list destinations and associated costs)

Referees: (list proposed referees and fees)

Equipment: (specify equipment and prices)

Nutritious food (maximum \$500): Describe food to be purchased

Health Checkups for Youth Participants (maximum \$30 each)

Clinics and Training for Coaches, Youth Coaches, Referees, and Umpires (maximum \$500)
(Describe clinic/training and cost)

Stipends for coaches that are youth (maximum \$1,000): (List proposed youth coaches and rates. Youth coaches must be age 24 or younger, verified by copy of student ID, photo ID, birth certificate, or letter from current school

Other: (Be very specific)

Please describe in detail any In-kind Revenue noted/referenced on the Project Budget

**Checklist for Application Submission
To
Milwaukee Youth Sports Authority
For Grants Award**

The Application should include the following:

- _____ Completed application form with the proper signature and dated on page 1
- _____ Cover Letter (make a copy of cover letter to go with each copy of application)
- _____ **1** original of application and **8** copies (total 9)
- _____ W-9 form completed for your agency
- _____ A copy of your IRS 501(c)(3) determination letter.

All forms are available on the Sports Authority website:
www.milwaukeeyouthsports.org