

Milwaukee County Sports Authority

Application Form

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

****This application MUST be typed.****

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:	Zip:
Phone:	Fax:
E-mail:	Website:

Contact Person:	Title:
Street Address:	
City:	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? / /200	
What is the EIN Number for your group / organization?	
<input type="checkbox"/> We do not have an EIN Number.	
Is your organization a 501(c)(3) or other tax-exempt entity? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, Has this proposal been approved by your Board of Directors?	
<input type="checkbox"/> yes <input type="checkbox"/> 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 sport is your group/organization requesting funding?

Boys	Girls		Boys	Girls	
<input type="checkbox"/>	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	Softball
<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	<input type="checkbox"/>	Cross-country	<input type="checkbox"/>	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	Tumbling & Diving (gymnastics)
<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>	Track
<input type="checkbox"/>	<input type="checkbox"/>	Long-distance Running	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>	<input type="checkbox"/>	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. During what months will this project take place?

4. The project request is for
(check one):

New sport for
group/organization

Expansion of
existing
program

- How many youth do you estimate will be involved?
- How many youth are currently involved?
- How many additional youth do you estimate will be involved?
- How many of the participants will be females?
- 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 of potential volunteers? yes no

SECTION 3, continued

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.

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> youth
recruitment | <input type="checkbox"/> volunteer
recruitment | <input type="checkbox"/> coaching | <input type="checkbox"/> facility sharing |
| <input type="checkbox"/> coach
recruitment | <input type="checkbox"/> funding | <input type="checkbox"/> referees | <input type="checkbox"/> equipment
sharing |
| <input type="checkbox"/> other: describe | | | |

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

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

ATTACHMENT A

Project Expenses— Description of Details

You may attach additional pages if necessary. 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 \$1000): (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:

ATTACHMENT B

Project Revenue — Description of Details

Individual Contributions (List individuals 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 participant pays:

Other (Be very specific):