

# Milwaukee Youth Sports Authority

## Final Report

Report must be submitted on this form and be typed.

### SECTION 1

#### Group/Organization Information

Name of Group/Organization:

Street Address:

City:

Zip:

Phone:

Fax:

E-mail:

#### Person Completing Report

Name:

Title:

Street Address:

City:

Zip:

Work Phone:

Home Phone:

Fax:

E-mail:

Grant Amount:

Total Project Budget:

Date funds granted: 3/20/2008

Project Description:

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Signature and Title of person completing this report

Date Submitted

## SECTION 2

1. To which sport did your group or organization apply your funding? Check all that apply.

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. Youth Served

Youth served by this grant came from the following ZIP Codes. Check all that apply.

<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	

Enter the number of youth served in the appropriate boxes.

Gender	Age 6 and under	7 to 8	9 to 10	11 to 12	13 to 14	15 to 16	17 to 18	Totals
Male								
Female								
Totals								

Gender	African American	Hispanic	Southeast Asian	Native American	Caucasian	Other	Unknown	Totals
Male								
Female								
Totals								

## SECTION 2, continued

3. Enter the applicable numbers in the appropriate boxes.

Practice Sessions	Games Played	Tournaments Participated in	Coaches Involved	Volunteers Involved	New Volunteers

5. Did you collaborate with other groups for this project?

yes    no

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   |  |                                   |  |

## SECTION 3

6. Describe the details of the project.

6a. Describe how you addressed key health issues such as the benefits of balanced nutrition and the negative effects of smoking, drugs, and alcohol.

## SECTION 3 continued

6b. Describe at least two benefits that the youth in your program gained.

6c. Describe how you recruited the youth participants.

7. Because Sports Authority funding is available for a maximum of three years per project, describe the steps you have taken to sustain this project financially.

8. Describe any challenges encountered, unexpected benefits received, or lessons learned during this grant.

# SECTION 4

## Final Grant Accounting

Attach your Expense Log

### Expenses

"Total Expenses" should equal "Sports Authority Funds" plus whatever else you spent in each category.

	<u>Sports Authority Funds</u>	<u>Total Expenses</u>
Team Registration and/or Tournament Fees	\$ _____	\$ _____
Uniforms (youth participants only, not coaches or referees)	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Referees	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Nutritious food (maximum \$500)	\$ _____	\$ _____
Clinics and Training for Coaches, Youth Coaches, Referees, and Umpires (maximum \$500)	\$ _____	\$ _____
Stipends for coaches that are youth (maximum \$1,000)	\$ _____	\$ _____
Other (describe)	\$ _____	\$ _____

**Total Sports Authority Funds** \$ \_\_\_\_\_

**Total Project Expenses** \$ \_\_\_\_\_

### Revenue

	<u>All Revenue</u>
Sports Authority Funding	\$ _____
Youth Participant Fees	\$ _____
Individual Contributions	\$ _____
Sponsorships	\$ _____
Fund-Raising Event(s)	\$ _____
Government Grants	\$ _____
Private Grants	\$ _____
Concessions or other sales	\$ _____
Other (describe)	\$ _____

**Total Project Revenue** \$ \_\_\_\_\_