

**Greater Baton Rouge Community Tennis Association
2007 PROGRAM GRANT APPLICATION FORM**

DATE: _____

PERSON OR ORGANIZATION REQUESTING GRANT: _____

CONTACT: _____ PHONE _____

ADDRESS _____ E-MAIL _____

AMOUNT REQUESTED: _____

PURPOSE OF GRANT: _____

HOW MANY PEOPLE WILL BE REACHED: _____

HOW WILL THE MONEY BE USED (SPECIFICALLY): _____

DATES OF THE PROGRAM _____

WHAT ARE THE FOLLOW-UP PLANS TO CONTINUE THE PROGRAM: _____

I understand that within 30 days of completion of the program, I will submit to GBRCTA—Grant Committee a written report of the accomplishment of the above stated goals.

GRANT BUDGET SUMMARY

Expenses: In general, the following items are not covered under the CTA grant guidelines:

1) head instructor's salary over \$20/hour; an assistant instructor's salary over \$15/hour; 2) new stationary nets, windscreens, and ball machines; 3) season ending banquets; and 4) travel to events.

Staff:

Head Instructor (Name) _____ Total hours _____ x \$ per hour _____ = \$ _____

Asst. Instructor _____ # of Assistants _____ x total hours each _____ x \$ per = \$ _____

Administration: (making rosters, calling volunteers) (Type) _____

Total hours _____ x \$ per hour _____ = \$ _____

Publicity:

Flyer/Brochure: # _____ x Printing Cost \$ _____ + Distrib. Cost \$ _____ = \$ _____

Newspaper: # of Ads _____ x cost per ad \$ _____ = \$ _____

Court Rental: (if necessary)

(# of courts) x _____ total hours _____ x cost per hour _____) = \$ _____

Other Expenses: (please explain)

_____ = \$ _____

Total Expenses = \$ _____

Income:

Fees:

Total Number of Participants _____ x Fee \$ _____ = \$ _____

(all programs are encouraged to charge at least a nominal fee)

Less estimated partial scholarships (# of scholarships _____ x amt. of schol. \$ _____) = \$ _____

Budget Support:

Financial Support from Recreation Department _____ = \$ _____

Financial Support from Sponsoring Organization _____ = \$ _____

Other Financial Support (specify) _____ = \$ _____

(ex. carnivals, car wash, tournament, dance, concession sales)

Total Income \$ _____

Income less Expenses \$ _____

Grant Requested \$ _____

Signature of Program Director _____

Date _____

FOR CTA USE ONLY

Approve

Disapprove

Comments: _____

Suggested Grant \$ _____

Signed by CTA Grant Committee Chair _____

Date _____

A Grant Accountability Form must be submitted within 30 days of completion of program to the CTA.

