



# OKTF Grant Application

## GRANT MISSION & PURPOSE

Oklahoma Tennis Foundation (OKTF) is dedicated to improving the quality of life of children, adults, and people with disabilities and special needs through tennis and educational programs that are based on health, fitness, character building and self-improvement. To that end, we offer grants to assist community-based organizations and programs that enhance the lives of people through tennis.

## GRANT ELIGIBILITY

Financial support will be awarded only to organizations; applications by individuals will not be accepted. We offer grants to organizations to initiate or expand their tennis activities and/or programs. *Applying organizations must be open to all people, regardless of race, color, creed, religion, gender, national origin, age, disability, sexual orientation, citizenship status, or veteran status.*

## GRANT GUIDELINES

1. Oklahoma Tennis Foundation (OKTF) will entertain all grant applications that meet the OKTF mission.
2. The sponsoring organization or program must show how it plans to become self-sufficient by generating its own funding to continue to offer the program.
3. Applying for an OKTF grant is a one-time application; grants may be submitted subsequent years, however approval for one grant does not guarantee approval of future grant requests.
4. All grant applicants must submit a complete grant application and a W9 to the OKTF Executive Director that includes a description of the program, program objectives, evaluation methods, program budget, and a detailed description of how the funds will be spent.
5. All grant applicants must return a program-end evaluation, within two weeks of the conclusion of the program. *Organizations that receive an OKTF grant must return their evaluation prior to requesting additional funding.*

## GRANT APPLICATION DEADLINE

- Grants will be reviewed and awarded as they are received.
- Grants will be awarded until available funds are exhausted.

Email completed grant application & W9 to:

Carmen Bond, Executive Director  
405.850.5458 | [cbond@oktennis.org](mailto:cbond@oktennis.org)



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## ORGANIZATION INFORMATION

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Make check payable to: \_\_\_\_\_ EIN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## DEMOGRAPHIC DATA

### AGE GROUPS SERVED (check all that apply)

- |   |                                  |
|---|----------------------------------|
| Elementary – Grades K-5<br>(5-10 years old)     | Young Adult<br>(19-25 years old) |
| Middle School – Grades 6-8<br>(11-14 years old) | Adult (26-64 years old)          |
| High School – Grades 9-12<br>(15-18 years old)  | Senior (65+ years old)           |

### POPULATIONS SERVED (check all that apply)

- |                                       |                           |
|---------------------------------------|---------------------------|
| Economically Disadvantaged            | Special Needs             |
| Foster or Neglected                   | Wheelchair                |
| Victims of Abuse, Crisis or<br>Danger | Other<br>Please describe: |

## PROGRAM DESCRIPTION

DESCRIPTION Amount Requested: \$ \_\_\_\_\_. Describe the specific activities for which your organization seeks funding:

OBJECTIVES List your overall goal(s) and specific objectives in which you will meet your goal(s):

EVALUATION List your measurable criteria for a successful program and the results you expect to achieve:

CONTINUATION Describe your long-term strategies for sustaining this program:

BUDGET Describe, in detail, your specific funding needs:

## FOR FOUNDATION USE ONLY

COUNTY \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ APPROVE DISAPPROVE