



## STYSA Grant Application Form

Use this form to submit a STYSA grant proposal.  
Please mail all requested information. Do not e-mail your proposal.

Name of Member Organization \_\_\_\_\_

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

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Web site \_\_\_\_\_

Amount of Request \$ \_\_\_\_\_ (\$10,000 max each grant)

What is the amount the Member Organization is willing to match/contribute? \$ \_\_\_\_\_

Which grant are you applying for? Check all that apply:

Program Grant       Soccer Across America       TOPSoccer

Grant Payable to: \_\_\_\_\_

### **PROGRAM DESCRIPTION (Please provide responses on additional sheet(s) to each of the following questions)**

- 1) Describe the goal and need of your project in 250 words or less. Why do you need this grant?
- 2) Give a project description (what, who, where, when, why, how) in 500 words or less.
- 3) Organizational Capacity (staff/coaches who will be involved)
- 4) Timeline of project and use of funds
- 5) Partner Support – are you seeking funds/support from any other sources?
- 6) How will this grant assist you in better serving your members?

7) How and when will you measure success?

8) Detail Proposed Budget /Project Costs including all sources of income, matching funds and all expenses.

Equipment grant applicants ONLY:

Please list the items of equipment in detail with the quantity of each item and estimated cost. Also list the physical address/location where equipment will be located.

Field Improvement/Maintenance/Repair grant applicants ONLY:

Please list the items of equipment/services needed in detail with the estimated cost. Also list the physical address/location where equipment will be located or services will be provided.

Soccer Across America applicants ONLY:

Description on how the program addresses the goal of Soccer Across America as stated below:

*To reach out to children in under-served and socio-economically disadvantages places in order to offer them an on-going program of positive sports activities through soccer.*

TOPSoccer applicants ONLY:

Description on how the program addresses the goals of TOPSoccer as stated below:

*To meet the needs of children and young adults that have physical and/or intellectual disabilities; programs are geared towards player development rather than competition.*

**CERTIFICATION**

I certify that all the information contained in this proposal is valid and correct.

Attach:

- 1) IRS tax-determination letter
- 2) Form 990 – previous two years
- 3) Most current monthly and year-to-date financial statement and balance sheet

Signature: \_\_\_\_\_

Printed/Typed Name with Title: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_

Printed/Typed Name with Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail to: South Texas Youth Soccer Association, 15209 US Hwy 290 E, Manor, TX 78653**