



## REQUEST FOR GRANT ASSISTANCE

**FISCAL YEAR 2009-2010**

**This form must accompany your Grant request**

*(Please type or print-only COMPLETE applications will be accepted)*

### APPLICANT INFORMATION

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

TYPE OF ORGANIZATION \_\_\_\_\_

- 501©3 (If Checked, please enclose copy of IRS verification letter)
- OTHER** (Please specify) \_\_\_\_\_

PLEASE RETURN WITH APPLICATION TO:

The Champions Volunteer Foundation  
78-200 Miles Avenue  
Indian Well, CA 92210  
TCVF@iwtg.net  
760-200-8430



## I. Purpose

The Champions Volunteer Foundation represents a unique group of people coming together, donating their time to raise funds for charitable purposes including but not limited to youth, recreational, educational and well care programs. The primary source of funds for The Champions Volunteer Foundation is the BNP Paribas Open. The Champions Volunteer Foundation provides over 900 volunteers who are key to the successful daily operations of the tournament, which is the largest attended tennis event in the world excluding the four Grand Slams. Held at the Indian Wells Tennis Garden, the world's second largest stadium, BNP Paribas Open brings together the top professional ATP and WTA players competing over a two-week period. .

## II. Procedure for Applying and Eligibility

- A. The original of the attached application form and any supplemental materials are to be submitted to The Champions Volunteer Foundation by the due date noted on the letter previously sent.
  
- B. As stated on the letter, the applicant must be a non-profit entity organized under the Model Non-Profit Corporation Act and designated as an organization as defined by the Internal Revenue Code 501 (c). To support this status, please supply the following:
  - 1. A current copy of your new ruling or permanent IRS Determination Letter 501 (c) or equivalent.
  - 2. Most recent fiscal year-end financial statement(s) (audited if available)
  - 3. Program/project budget (if applicable)
  - 4. List of Board of Directors and their community affiliation (if applicable)

C. The applicant must be a community based group, non-profit social agency, or an area service provider that provides services or programs to, but not limited to youth, recreational, educational and well care programs. Documents needed for this qualification should be in narrative form.

1. Briefly describe the history and expertise of your agency. Include what your agency does, the composition of your staff and whom you have traditionally served and targeted.
2. What are the specific community needs or problems that you are trying to solve through your services of programs, i.e., what do you ultimately hope to accomplish?
3. Is there anything you would like to add about your organization or project?

D. The Champions Volunteer Foundation decision as to whether or not to approve any request submitted is final and conclusive. A decision to not approve a particular request does not preclude an eligible applicant from re-applying the next calendar year.