



COMMUNITY FUND

COMPETITIVE YOUTH BASEBALL/SOFTBALL GRANT PROGRAM

Program Guidelines

Program Summary. The Minnesota Twins Community Fund’s Competitive Baseball/ Softball Grant program will distribute grants of \$500 - \$2,000 to assist youth baseball and softball programs with operating expenses. Grant funds should be used for league fees, equipment, or transportation costs.

The Twins Community Fund and its grant programs are supported in part by Target, US Bank, Best Buy, Treasure Island, and Delta.

Administration. The Competitive Baseball/ Softball Grant program will be administered by Minnesota Twins Community Fund staff who review all requests, pay grants, work closely with grantee organizations to ensure league success, and maintain program records.

Eligibility. The grant is open to Upper Midwest traveling baseball and softball programs for youth, ages 16 and up. Programs must be a non-profit organization or local government unit. A program is considered a traveling program if the majority of league games are played outside of the home city. Grants will not support hotel costs or coaches’ salaries.

Priority will be given to programs demonstrating financial need.

Application Process/Schedule. Applicants must complete an application and submit other required documents. Applications will be accepted and reviewed until all grant funds are distributed. Final grant determinations will be made by the Twins Community Fund Board of Directors. Application due dates are as follows:

<i>Application Due Date</i>	<i>Grant Determination/Notification</i>
March 12, 2012	April 30, 2012

Applications must be complete and sent through the mail. Faxed/ emailed applications are not accepted.

Other Requirements. Organizations receiving grants must:

- Complete a final report with league financial results; and
- Recognize the grant contribution in some form to the public.

Questions about the Competitive Youth Baseball/Softball Grant program should be directed to:

Stephanie Johnson
Competitive Baseball/ Softball Grant Program
TWINS COMMUNITY FUND
1 Twins Way
Minneapolis, Minnesota 55403

◆ Direct Phone (612) 659-3505 ◆ E-mail stephaniejohnson@twinsbaseball.com



**COMPETITIVE YOUTH BASEBALL & SOFTBALL
GRANT APPLICATION - 2012**

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Daytime Phone: _____ Contact Fax: _____

Contact E-mail Address: _____ Contact Web Site: _____

ARE YOU A NONPROFIT ORGANIZATION OR GOVERNMENT AGENCY? Please circle one:

Nonprofit 501(c)3 Organization
(attach copy of IRS designation letter)

- OR -

Government Agency

Requested Grant Amount: \$

Section 1 – League Information

Please provide information about your program.

1. Youth Baseball/Softball Organization Affiliation:
2. Years team has existed:
3. Sport(s) – circle one: Youth Baseball Youth Softball
4. Number of youth participating in the program:
5. Age range of participants (as stated in the guidelines, this program is for traveling programs for youth 16 and up):
6. Participation fee per player: \$ _____
7. On a separate sheet, please write a narrative explaining why your organization needs this grant.
8. Please fill out the attached line-item budget.

LINE-ITEM BUDGET

- Please list all expenses for your league. All expenses, including items donated, should be included.
- We realize that this budget is subject to change and amendable.
- Column A lists your organization's share of the expense of that item.
- Column B lists the Twins Community Fund's share within the grant you requested.
- Column C lists any other funding organizations' share.

LINE ITEM	A	B	C	TOTAL
TOTALS				

- Please list any other organizations funding this league and how much total cash and in-kind donations they have contributed:

Organization Name	Total Donation in US\$
	\$
	\$
	\$
	\$
	\$

Section 2 – Grant Information

Please answer the following questions about the proposed grant.

1. How will grant dollars from the Minnesota Twins Community Fund be used?

2. Will you publicly recognize the Minnesota Twins Community Fund during the season? How so?

By submitting and signing this grant application, the undersigned certifies that this information is correct and factual. Should the Minnesota Twins Community Fund provide grant funds to your organization, the undersigned agrees to recognize that grant through advertising in game/programs, other organization publications, at events associated with the league and/or via ballpark signage.

Organization

Signature

Date

All information required in the *Competitive Youth Baseball/Softball Grant* application must be supplied as specified. Do not leave any submission items unaddressed. If a submission item is not applicable, please state the reason(s) why the item does not apply.

Applications that are incomplete will be returned and will not be reviewed for funding until re-submitted as a complete application.

COMPLETED APPLICATIONS SHOULD BE SENT TO:

Competitive Baseball/Softball Grant Program

Attn: Stephanie Johnson

1 Twins Way

Minneapolis, MN 55403