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City of Milpitas
Application for Sports Assistance Fund
Individual Request

PART I Individual Information

Name Nastassia Hamor
Address 1280 Gingerwood Drive
Telephone (day) 408-806-6330 (cell) (evening) 408-935-8023 p 5pm
Age 16 School attends Milpitas High School

PART II Event/Program Information

Amount you are requesting $ 500.00

Sport you are participating in: Inline Speedskating

Name of contest/event/competition: Indoor Inline Speedskating Nationals
Date: July 15th – July 20th (6 days) - competition
Location: Omaha - Nebraska

How long have you been participating in this event as an amateur athlete?: 5yrs

What additional sponsorship funds are you receiving for this event?: None (Parent assistance only).

Indicate source of those funds:

Summary of how/where City funds would be used: Entry fees, air fare, hotel + food.

Who will be the other participants in this event? Females from other states in the USA
And where is their home base? Each state has several representatives.

How does this event fit into this sport's overall competitive picture county-wide or state-wide? This is the top + final competition for Indoor speedskating. Highest honor state rep.

Who is the sanctioning/governing body of this event/contest/competition?
USARS – USA Roller Sports
Address: 4730 south street, Lincoln, NE 68506
Event Director: Richard Hawkins
Phone #: 402-483-7551

Revenue: (Sources of funds and breakdown, admissions, concessions, other grants, donations, user fees, etc.) Be specific.

		Amount
Entry fees	Est.	$ 175.00
Airfare	Est.	$ 380.00
Hotel.	Est.	$ 400.00
Food	Est.	$ 300.00
		$
		$
		$
		$

TOTAL $ 1255.00

Assurances

THE APPLICANT HEREBY PROPOSES to provide the event/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as applicant or parent/guardian of applicant, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 5/4, ~~19~~ 2007

Nastassia Ariana Hamor
(Applicant)

Parent/Guardian: [signature]
(If under 18 yrs.) Wendy C. De Araujo-Hamor

Relationship to Applicant: mother

RCS_46163_V

PART I Organization Information

Name of group or organization: Milpitas Tidal Waves
Address: 1325 E. Calaveras Blvd Milpitas, CA 95035
Contact Person: Brad Helfenberger
Telephone: (day) 408-586-3229 (evening): 408-835-8687

Describe purpose of your organization: Community Youth Swim Team

How long has this organization been providing youth sports activities in Milpitas?
Nearly 13 years

Non-profit I.D. # n/a

PART II Activity/Program Information

Amount you are requesting $1,000

Summary of proposed activity/project/program (include specifically where/how City funds would be used):
The funds would be used to provide campsites for our annual trip to Monterey, as well as relay fees for the Monterey Bay Swim Club competition. This camping trip and competition will be held September 1-3, 2007. This will be the 13th consecutive year we have participated in this activity; it is something of a tradition that has gone on since our inaugural season. Funds will also be used to purchase much needed training equipment.

Identify other organizations who provide partial or similar activities in this community:
Milpitas Tidal Waves is the only year-round competitive swim team in the city.

Identify proposed activity/project/program goals and objectives:
The goal of Milpitas Tidal Waves is to provide a safe and fun learning environment in which children can enrich themselves through swimming, which will not make them better athletes, but make them better citizens. This is achieved by teaching life skills such as time management and teamwork.

Who is predominantly served by this program?
The participants on Milpitas Tidal Waves are primarily children of Milpitas residents.

How will this grant enhance your existing program?
This grant will allow us to continue to provide free campsites for our families for our annual trip to Monterey, as well as continue to cover relay costs. It will also be used to purchase training equipment which will facilitate the training of all of our swimmers.

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization?

We will attempt to organize additional fundraisers in order to keep these activities free to all participants and families as we have always done. As the Parks and Recreation Department no longer provides for our camping trip, we must now fund this activity ourselves.

PART III Funding Information
Total cost of participation in this event/contest/competition (including above amount requested):
Approximately $1,000

Brief budget summary of activity:
Expenses: (administration, rentals, services, supplies, travel, etc.)
Be Specific.

	Amount
Monterey Campsites (Royal Oaks Park)	$200
Monterey Swim Meet Relay Fees	$200
EZ-UP Canopy	$300
2 new stopwatches	$100
Hip-Fins	$100
Stretch Cords	$100
TOTAL	$1,000

PART IV Background Information

Describe current activities and scope of services provided:

Regular practice occurs five days per week from 5:45-8:45AM, 1:15-2:45PM, and 4:30-6:00PM. Dry land training and Saturday practices are also offered to our most advanced members.

Main geographical service area:

About 85% of our participants are Milpitas residents. The rest live mostly in San Jose and Fremont. We participate in meets (competitions) all over the bay area.

Describe user and/or participant eligibility requirements:

Children must be ages 6-18 and be able to swim 50 yards freestyle, 50 yards backstroke, and 50 yards breaststroke.

Organization Statistics (participation totals)

	Numbers of
Boys	69
Girls	64
Participants under 8 years of age	13
" " 11 years of age	59
" " 14 years of age	44
" " 18 years of age	17
" over 18 years of age	0

Assurances

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This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE: August 1, 2007

Milpitas Tidal Waves
(Agency Name)

Representative: _____

Title: Head Coach

RCS_46162_V

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization MILPITAS YOUTH SOCCER CLUB

Address 88 S. PARK VICTORIA #135 MILPITAS CA 95035

Contact Person NIRANJAN GUPTA

Telephone (day) 348-4509 (evening) 946-7406

Describe purpose of your organization: PROVIDE YOUTH SOCCER OPPORTUNITY TO COMMUNITY

How long has this organization been providing youth sports activities in Milpitas?

Non-profit I.D. # 71-0942423

PART II Activity/Program Information

Amount you are requesting $ 1000.00

Summary of proposed activity/project/program (include specifically where/how City funds would be used): PROVIDE COACHES TRAINNING & CLINICS, REFEREE CLINICS, FIELD LINNING & ARBITER GAME/REFEREE ASSIGNMENT LICENCEFEE FOR YOUTH SOCCER ACTIVITY FOR JAMBOREE/TOURNAMENT ON OCTOBER 6TH & 7TH.

Identify other organizations who provide partial or similar activities in this community: MILPITAS PAL SOCCER

Identify proposed activity/project/program goals and objectives: BETTER SERVE YOUTH THROUGH BETTER COACHES/PARENT TRAINNING REFEREE CLINICS.

Who is predominantly served by this program? YOUTH AGES 4-18

How will this grant enhance your existing program? BETTER COACHES/PARENT TRAINNING AND BETTER REFEREES (THROUGH TRAINNING) WILL PROVIDE YOUTH WITH THE BETTER PROGRAM.

What is the alternative plan if City funding is not granted or granted at a reduced level? What impact will this have on your organization? DO FUND RAISING THAT CAN ALIENATE MEMBERSHIP.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): $1805.00
COACHES CLINICS; TRAINING; BOOKS $425 FIELD LINING $750 REFEREE CLINICS; BOOKS $330
AMBITER GAME ASSIGNMENT LICENSE FEE $300

Brief budget summary of activity:

Expenses: (administration, rentals, services, supplies, travel, etc.)
Be Specific.

	Amount
ADVERTISING	$ 330
CYSA INSURANCE FEE	$ 7252
PRINTING MAILING	$ 2410
SOCCER BALLS, PUMPS, BAGS, VESTS ETC	$ 3540
GOALS, FIELD LINING CLINICS FEES ETC.	$ 4230
UNIFORMS	$ 9530
AWARDS TROPHIES	$ 5200
PLUNGES	$ 4800
TOTAL	$ 37,292

PART IV Background Information

Describe current activities and scope of services provided:
PROVIDE BOTH SPRING & FALL 2007 YOUTH SOCCER PROGRAM THAT SERVED 600+ YOUTH OF MILPITAS.

Main geographical service area:

MILPITAS

Describe user and/or participant eligibility requirements:

MUST SHOW PROOF OF AGE 4-18

Organization Statistics (participation totals)

	Numbers of
Boys	302
Girls	154
Participants under 8 years of age	138
" " 11 years of age	98
" " 14 years of age	132
" " 18 years of age	88
" over 18 years of age	—

Assurances

THE APPLICANT HEREBY PROPOSES to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Milpitas as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Milpitas will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 7/18, ~~19~~ 2007

MILPITAS YOUTH SOCCER
(Agency Name)

Representative: NIRANJAN GUPTA

Title: PRESIDENT

RCS_46162_V