

City of Milpitas
Application for Sports Assistance Fund
Organization Request

PART I Organization Information

Name of group or organization Milpitas Knights Youth Football (cheer)
Address 1275 N. Milpitas Blvd. Milpitas, CA. 95035
Contact Person Bobby Carswell / John Arce Sr
Telephone (day) 408.991.4407 / 408.309.8395 (evening)
Describe purpose of your organization: To provide organized, structured
disciplined sports to the Milpitas youth

How long has this organization been providing youth sports activities in Milpitas? 36 years

Non-profit I.D. # 77-04088354

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): for Recertification of Football Helmets.

Identify other organizations who provide partial or similar activities in this community: There
are none other in this community doing this

Identify proposed activity/project/program goals and objectives: to provide structured
discipline & healthy program for our youths as we
prepare them for their future.

Who is predominantly served by this program? youths, Boys & girls

How will this grant enhance your existing program? to offset the cost
associated with the referees and the expenses
toward the scrimmages that we have in
preseason.

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? More fundraising would need to be done by the youth, car washes and so on.

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 3-11, 19 2008


(Agency Name)

Representative: John Arce Sr

Title: Vice - President