

City of Milpitas  
Application for Group Youth Sports Assistance Fund

PART I Organization Information

Name of group or organization Milpitas National Little League South

Address P.O. Box 360222 Milpitas, CA 95035

Contact Person Laurre Susbilla

Telephone (day) 650-947-1163 (evening) 408-482-6867

Describe purpose of your organization: provides structured baseball games for youth in milpitas within our boundaries

How long has this organization been providing youth sports activities in Milpitas? over 35 years

Non-profit I.D. # 3158

PART II Activity/Program Information

Amount you are requesting \$ 1,000.00

Summary of proposed activity/project/program (include specifically where/how City funds would be used):

improved throat guards, catcher's helmet, shin guards, chest protectors, & batting helmets to meet little league's safety requirements

Identify other organizations who provide partial or similar activities in this community: Milpitas National Little League North

Identify proposed activity/project/program goals and objectives: to provide player growth, development & firmly implant in our youth the idea of sportsmanship, honesty, loyalty, courage and respect for leadership.

Who is predominantly served by this program? youth of the Milpitas Community

How will this grant enhance your existing program? to ensure that we have proper equipment to prevent injury,

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? the players will need to do additional fundraising and due to the current economy may be difficult to achieve

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): N/A

Brief budget summary of activity:

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

	<u>Amount</u>
<u>Batting helmets</u>	\$ 285.00
<u>throat guards, catcher's helmets,</u>	\$ 1,125.00
<u>chest protectors, shin guards</u>	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$ 1,410.00

PART IV Background Information

Describe current activities and scope of services provided:  
Structured baseball games

Main geographical service area:  
South boundaries of Muepitas  
Jacklyi Road @ Park Victoria to Park Victoria + Landess  
and the Pines

Describe user and/or participant eligibility requirements:  
all youth between ages 5-17

Organization Statistics (participation totals)

	<u>Numbers of</u>
Boys	<u>202</u>
Girls	<u>8</u>
Participants under 8 years of age	<u>70</u>
"    "    11 years of age	<u>55</u>
"    "    14 years of age	<u>43</u>
"    "    18 years of age	<u>42</u>
"    over 18 years of age	<u>6</u>

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.

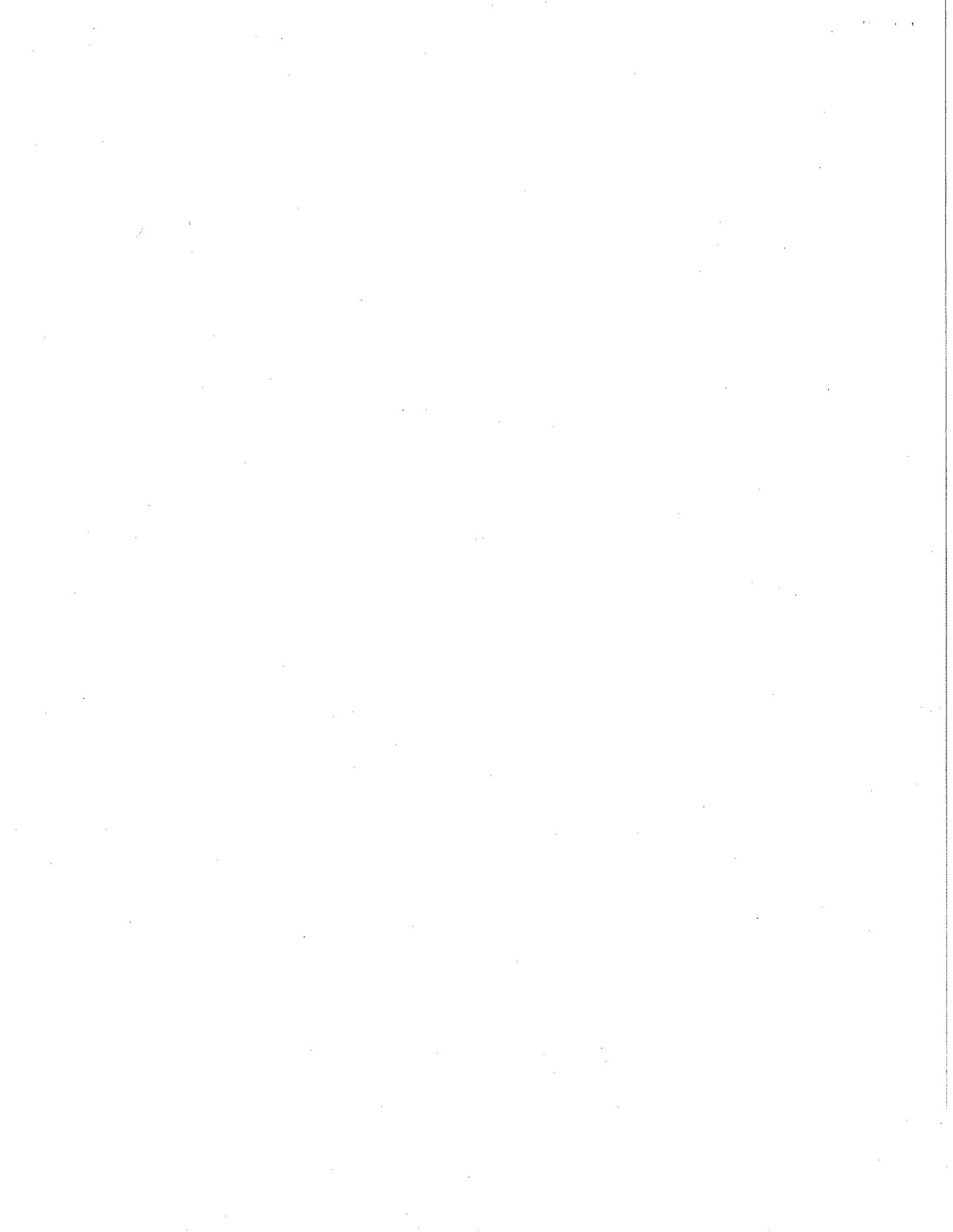
This application and the information contained herein are true and correct and complete, to the best of my knowledge.

DATE 9/3/08

Milpitas Nat'l Little League South  
(Agency Name)

Representative: Laura J. Susbelle

Title: Treasurer



**City of Milpitas**  
**Application for Group Youth Sports Assistance Fund**

PART I Organization Information

Name of group or organization Southpawprep

Address P.O. Box 362299 Milpitas CA 95036

Contact Person Ralph Fields

Telephone (day) (408) 942-7737 (evening) (408) 605-2528

Describe purpose of your organization: To influence youth in a positive way through the game of basketball.

How long has this organization been providing youth sports activities in Milpitas? 5 years

Non-profit I.D. # \_\_\_\_\_

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): New travel bags for all of our players. Our summer travel has increased and we need bags.

Identify other organizations who provide partial or similar activities in this community: None

Identify proposed activity/project/program goals and objectives: To keep our youth plugged into a positive outlet through the game of basketball.

Who is predominantly served by this program? 6<sup>th</sup>-12<sup>th</sup> grade boys and girls in the city of Milpitas.

How will this grant enhance your existing program? Our last bags lasted 4 years I am hoping this will do the same or longer.

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? Raise prices or postpone travel.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): 300 \$

Brief budget summary of activity:

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

	<u>Amount</u>
<u>45 Team bags + Embroidery</u>	<u>\$ 1,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	<u>\$ 1,000</u>

PART IV Background Information

Describe current activities and scope of services provided:  
Travel basketball team using milpitas youth.

Main geographical service area:  
Milpitas

Describe user and/or participant eligibility requirements:  
love of basketball.

Organization Statistics (participation totals)

	<u>Numbers of</u>	
	Boys	Girls
Participants under 8 years of age	_____	_____
" 10 " 11 years of age	<u>10</u>	_____
" 12 " 14 years of age	<u>15</u>	_____
" 15 " 18 years of age	<u>10</u>	_____
" 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 9/4/8

Southpaw prep  
(Agency Name)

Representative: 

Title: CEO

