

City of Milpitas  
Application for Group Youth Sports Assistance Fund

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) 408 348-4509 (evening) 408 946-7406

Describe purpose of your organization: PROVIDE YOUTH SOCCER OPPORTUNITY TO COMMUNITY.  
niranjan-gupta@sbglobal.net

How long has this organization been providing youth sports activities in Milpitas? 7 YRS

Non-profit I.D. # 71-0942423

PART II Activity/Program Information

Amount you are requesting \$ 1000<sup>00</sup>

Summary of proposed activity/project/program (include specifically where/how City funds would be used):  
- GOALS (2SETS) FOR U6 PLAYERS  
- PROVIDE COACHES "F" AND "E/D" LICENSE COURSES TO COACHES, ASST. COACHES TO BETTER SERVE THE YOUTH IN THE COMMUNITY.

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

Identify proposed activity/project/program goals and objectives: BETTER SERVE THE YOUTH IN THE COMMUNITY THROUGH BETTER COURSES IN TRAINING, SKILLS AND BETTMENT OF YOUTH.

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

How will this grant enhance your existing program? BETTER TRAINING, SKILLS AND GOOD CITIZENSHIP TO THE YOUTH IN THE COMMUNITY  
- U6 GOALS FOR THE SAFETY OF THE KIDS

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 FUNDRAISER THAT CAN ALIEVATE MEMBERSHIP.

PART III Funding Information

Total cost of participation in this event/contest/competition (including above amount requested): \$ 2350  
GOALS U6 (2 SECTS) \$625 - CARNEY'S LICENSE "D" - "EF" #1725

Brief budget summary of activity:

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

	Amount
<u>ADVERTISING</u>	\$ 383
<u>CYSA INSURANCE FEE</u>	\$ 8500
<u>EQUIPMENT, BALLS, BATS, CONES, ETC</u>	4570-
<u>UNIFORMS</u>	9675
<u>REFEREE PAYMENT</u>	11860
<u>AWARD &amp; TROPHIES</u>	6350
<u>PRINTING &amp; MAILINGS</u>	2520
<u>FIELD LIVING - CLINICS ETC</u>	4500
<b>TOTAL</b>	<b>\$ 48358</b>

PART IV Background Information

Describe current activities and scope of services provided:

PROVIDE BOTH SPRING & FALL 2009 PROGRAM TO YOUTH  
THAT SERVE CO-YOUTH

Main geographical service area:

MILPITAS

Describe user and/or participant eligibility requirements:

MUST SHOW PROOF OF AGE 4-18 YRS.

Organization Statistics (participation totals)

	Numbers of
Boys	<u>310</u>
Girls	<u>180</u>
Participants under 8 years of age	<u>130</u>
" " 11 years of age	<u>95</u>
" " 14 years of age	<u>190</u>
" " 18 years of age	<u>75</u>
" over 18 years of age	<u>-</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 9/18/09

MILPITAS YOUTH SOCCER CLUB  
(Agency Name)

Representative: NIRANJAN SUTTA

Title: PRESIDENT

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

PART I Individual Information

Name Nastassia Ariana Hamor  
Address 1280 Gingerwood Dr., Milpitas CA 95035  
Telephone (day) 408-386-0416 (evening) 408-935-8023  
Age 18 School attends Milpitas High School  
Email SKate4fun82@yahoo.com

PART II Event/Program Information

Amount you are requesting \$ 500.00  
Sport you are participating in: USA Roller Sports - inline speed skating.  
Name of contest/event/competition: In line Speed Skating National World Championships  
Date: 09/09/2009 - 09/27/09  
Location: Haining, China

How long have you been participating in this event as an amateur athlete?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional sponsorship funds are you receiving for this event?: None

Indicate source of those funds: \_\_\_\_\_  
\_\_\_\_\_

Summary of how/where City funds would be used: Registration, Air line Ticket, hotel + food.

Who will be the other participants in this event? Girls from all states in USA  
And where is their location? Representatives from US states (national) worlds - girls from 20 different countries.

How does this event fit into this sport's overall competitive picture county-wide or state-wide? State-wide - national's international = world Champs.

Who is the sanctioning/governing body of this event/contest/competition? USA Rollersports

Address: PO BOX 6579, Lincoln NE 68506  
Event Director: Richard Hawkins  
Phone #: 402-483-7551  
Website address: www.usarollersports.org

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

	Amount
<u>AA-Airline Tickets SF - Peoria, IL</u>	\$ <u>457.43</u>
<u>Registration for Races</u>	\$ <u>160.00</u>
<u>Hotel (estimate split cost with coach)</u>	\$ <u>240.00</u>
<u>Food</u>	\$ <u>160.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>1017.43</u>

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 07/05/09

Nastassia Hemo  
(Applicant)

Parent/Guardian: \_\_\_\_\_  
(If under 18 yrs.)

Relationship to Applicant: Self.

RCS\_46163\_V