

City of Milpitas
Application for Group Youth Sports Assistance Fund

PART I Organization Information

Name of group or organization Milpitas Knights P.A.L. Football/Cheer

Address 178 VARGAS Ct Milpitas CA 95035

Contact Person Bob Carswell

Telephone (day) 408.991.4407 (evening) Sams

Describe purpose of your organization: Milpitas Knights PAL organization TEACHES discipline, structure, fundamentals of football to individuals and AS A team. ALSO to RESPECT ALL

How long has this organization been providing youth sports activities in Milpitas? 40 YEARS

Non-profit I.D. # 77 0408354

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): WE AS THE BOARD AND COACHES EMPHASIZE TEAM CONCEPT, FRIENDLY KNOWLEDGE AND SAFETY OF THE SPORT, THROUGH PHYSICAL CONDITIONING. CITY FUNDS WILL BE USED FOR CERTIFICATION OF ALL HELMETS TO ENSURE THE SAFETY OF THE PLAYERS

Identify other organizations who provide partial or similar activities in this community: Milpitas PAL SOCCER, BASEBALL.

Identify proposed activity/project/program goals and objectives: our ultimate goal is to teach discipline, team concept, build self esteem, ~~and~~ physically condition young you, good sportsmanship

Who is predominantly served by this program? youth Boys/Girls ages 6-14

How will this grant enhance your existing program? to make sure that all players ARE EQUIPED with the proper certified helmets to ensure safety for all

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? it may result in the organization having to increase the fees for registration to cover the cost

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 1-13-11

Milpitas Knights P.A.L. Football
(Agency Name)

Representative: John Arce SR.

Title: Vice President

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

PART I Organization Information

Name of group or organization MILPITAS JR. GIANTS P.A.L.

Address 1275 N. MILPITAS BL., MILPITAS 95035

Contact Person GENE SMITH

Telephone (day) 408.586.2526 (evening) SAME

Describe purpose of your organization: NON-COMPETITIVE T-BALL PROGRAM FOR BOYS & GIRLS AGES 4-8 YRS WHICH FOCUSES ON DEVELOPING CONFIDENCE, INTEGRITY, LEADERSHIP AND TEAMWORK. ENCOURAGING KIDS TO LIVE A HEALTHY & PRODUCTIVE LIFE.

How long has this organization been providing youth sports activities in Milpitas? 10 YRS

Non-profit I.D. # _____

PART II Activity/Program Information

Amount you are requesting \$ 1000 -

Summary of proposed activity/project/program (include specifically where/how City funds would be used): MILPITAS JR. GIANTS P.A.L. HOST THE JR. GIANTS T-BALL PROGRAM YEARLY. THERE IS NO COST TO THE PARTICIPANTS, SO ALL FUNDS WILL BE USED FOR SAFETY EQUIPMENT FOR THE CHILDREN, FIELD PREPARATION AND SCHEDULING. THE SAFETY EQUIPMENT IS NEEDED TO MEET NEW/STANDARD GUIDELINES FOR LITTLE LEAGUE BASEBALL.

Identify other organizations who provide partial or similar activities in this community: MILPITAS LITTLE LEAGUE (REQUIRES A FEE FOR PARTICIPANTS), (MILPITAS JR. GIANTS P.A.L./NO FEE)

Identify proposed activity/project/program goals and objectives: ENCOURAGE KIDS TO LIVE HEALTHY & PRODUCTIVE LIVES BY GETTING OUTSIDE AND PLAYING BASEBALL. FOCUSES ON DEVELOPING CONFIDENCE, INTEGRITY, LEADERSHIP AND TEAMWORK. PROVIDING A MEANINGFUL PARTNERSHIP WITH THE COMMUNITY AND PROVIDE AN ALTERNATIVE TO DRUGS, GANGS AND CRIME.

Who is predominantly served by this program? BOYS AND GIRLS AGES 4-8 YRS WITH A FOCUS ON INCOME FAMILIES.

How will this grant enhance your existing program? HELP MEET THE NEW AND CURRENT SAFETY REGULATIONS FOR LITTLE LEAGUE T-BALL/BASEBALL.

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? WOULD HAVE TO LIMIT THE NUMBER OF PARTICIPANTS.

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 2.24.11

MILPITAS POLICE JR. GIANTS P.A.L.
(Agency Name)

Representative: GENE SMITH #223

Title: OFFICER / COMMISSOR