



**DIVERSITY GRANT ACCOUNTABILITY FORM**

Please complete and return this form to USTA Mississippi

Name of Program: \_\_\_\_\_

Program Director: \_\_\_\_\_ Program Dates: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

1. Amount of grant awarded = \$ \_\_\_\_\_ Amount actually used = \$ \_\_\_\_\_

2. Describe the primary objective of this grant:

3. Will this program/project be continued next year?

\_\_\_\_\_ YES Please describe your plans for funding:  
\_\_\_\_\_ NO Please explain:

4. Attach to this form:

- a. Any Photocopies of any local publicity generated by the grant
- b. Any Photos from the program/project
- c. Any "Best Practices" you would like to share

5. Participation Statistics

- 1. USTA Members in Program in 2015 \_\_\_\_\_  
USTA Members in Program in 2016 \_\_\_\_\_
- 2. Total number of participants in Program \_\_\_\_\_.  
Is this an ( ) estimate or ( ) accurate figure?
- 3. Total number of participants on Tennislink (*JTT or Adult Lg*) from program in 2015 \_\_\_\_\_.  
Total number of participants on Tennislink (*JTT or Adult Lg*) from program in 2016 \_\_\_\_\_.
- 4. Age breakdown of participants (%): \_\_\_\_\_ 10 and Under \_\_\_\_\_ 11-18 yrs old \_\_\_\_\_ Adults
- 5. Estimate of demographic breakdown of participants (%)

Black/African American	Asian American	Caucasian	Hispanic/Latino	Native American	Other

6. **On a separate sheet, list the names of the participants that became USTA members from your program in 2016 or already in 2017.**

*\*\*Those that don't follow through with the conditions of the grant may not receive grants or funding in the future.\*\**

**PLEASE RETURN THIS ACCOUNTABILITY FORM TO THE ADDRESS LISTED BELOW**

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