



LCTA FACILITY IMPROVEMENT AWARD

APPLICATION

Questions about this application? Contact: lcta_facility_improvement@lctatennis.org - * indicates required field

LCTA MISSION

Our primary purpose at LCTA is to Innovate, Promote, and Grow the Game of Tennis. Along with the USTA, its vision is to “inspire innovation, create opportunities, impact lives, and build community through tennis.”

The purpose of the LCTA’s Facility Improvement Award is to aid facilities in creating a better tennis experience for LCTA players. Customarily, LCTA will award no more than one grant per year per facility.

For larger-scale projects such as court resurfacing or rebuilds, we encourage you to contact South Carolina’s USTA Tennis Venue Service (TVS) – Sheryl McAlister, Senior Director: Advocacy & Community Development, USTA South Carolina: McAlister@sctennis.com

Facilities should understand that the LCTA Facility Improvement Award is a one-time contribution/grant, and that LCTA will not contribute to the ongoing maintenance or care of any item acquired through this grant.

In addition, LCTA will not be held liable for any misuse of the equipment, supplies, or improvement, or for any injury to the facility or players stemming from its use or misuse.

Facility Information

Facility Name*: _____ Facility Tennis Membership* (total members current year): _____

Facility Affiliation*: ☐ Private ☐ Public

1. Core Eligibility Requirements

The facility must be currently and actively participating in LCTA programs & leagues.

1. How many LCTA teams have registered in LCTA/USTA Leagues from the facility in the past 3 years?

Year 1: _____ Year 2: _____ Year 3: _____

2. How many Tennis 101s, 102s, or 103s have been held at the facility in the past 3 years?

Year 1: _____ Year 2: _____ Year 3: _____

3. How many LCTA Local Championships (Playoffs) have been held at the facility in the past 3 years?

Year 1: _____ Year 2: _____ Year 3: _____

4. What other LCTA programs has the facility hosted in the past 3 years? (e.g. Town Halls, social events – identify event/program)

Year 1: _____ Year 2: _____ Year 3: _____

5. What additional activities has your facility done to grow LCTA tennis in the past 3 years? (identify event/program)

Year 1: _____ Year 2: _____ Year 3: _____

2. Community / LCTA Alignment Impact

How will the Award grow USTA/LCTA league participation? Please describe in detail:

What specific tennis programs, leagues, clinics, or events will be introduced, expanded, or enhanced as a result of the LCTA award?

3. Facility Need

Which type of need does the application address? (Select the appropriate need)

☐ A fundamental need ☐ A safety issue ☐ A repair ☐ An upgrade / nice-to-have improvement

Is facility management aware this application is being submitted?

☐ Yes ☐ No

Describe the need in detail:

How long has the need gone unaddressed? _____

What is the estimated timeline for completion, including anticipated/projected start date _____

Amount requested: _____ Facility contributing (if any): _____

4. Financial Stewardship

Please submit a detailed itemized budget or contractor quotes as an attachment with your submission email.

Has the facility applied for funding/awards from other sources?

☐ Yes ☐ No

If yes, please describe what other application(s) have been submitted:

Equity / First-Time Applicants

Has your facility received LCTA or USTA funding previously?

☐ Yes ☐ No

If yes, how much? _____ When? _____

For what was the prior funding/award used?

Application Completed By

Print Name*: _____

Contact Phone*: _____

Email Contact*: _____

Position/Title*: _____

Facility Management Contact Info*: _____

Date*: _____

Signature (full name)*: _____

Please attach supporting estimates, contractor quotes, repair plans, and/or photos of the area needing repair to your submission email (multiple files are welcome).

PLEASE SAVE THE COMPLETED FORM AND EMAIL WITH SUPPORTING DOCUMENTATION TO:

lcta_facility_improvement@lctatennis.org

