



# Live Like Luca

## Youth Sports Grants Program

*helping children experience the joys of participating in sports and related activities*

### **Who can apply?**

- Sports organizations in western New York that directly serve youth between the ages of 3-18
- Applicant must be a registered 501(c)(3) charity

### **Funds will be awarded:**

- To subsidize any or all costs preventing youth from fully participating in the applicant's activities

### **Timetable:**

- Applications are reviewed four (4) times each year: February 15, May 15, August 15, and November 15. Awardees are announced no more than 4 weeks after the due dates.

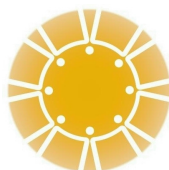
### **Award Distribution:**

- Once an application has been approved, the applicant will be contacted regarding distribution of the funds. When possible, the NCCF will exercise expenditure control and pay vendors directly.

### **Questions?**

- Contact Eileen Ardillo if you have any questions or if assistance is needed completing the application, 716-366-4892 or [eardillo@nccfoundation.org](mailto:eardillo@nccfoundation.org).

**Forward completed application to the NCCF via mail, fax, or email**



NORTHERN CHAUTAUQUA  
**COMMUNITY  
FOUNDATION**

212 Lake Shore Drive West Dunkirk NY 14048  
716-366-4892 (p) 716-366-3905 (f) [nccf@nccfoundation.org](mailto:nccf@nccfoundation.org)



# Live Like Luca

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## Application for Funding

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Organization: \_\_\_\_\_

Authorized Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Is your organization a 501(c)(3)?  yes  no Tax ID #: \_\_\_\_\_

Sport:  Soccer  Baseball  Football  Softball  Basketball  Hockey  Other \_\_\_\_\_

City/Town/Village of League: \_\_\_\_\_

Name of League: \_\_\_\_\_ League Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ages of Youth: \_\_\_\_\_  male  female  both

Fees associated with participation:  registration  uniforms  equipment  travel  
 other \_\_\_\_\_  other \_\_\_\_\_

# of children requiring financial assistance: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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## Submission Requirements

Please attach the items listed below to your completed application.

**Narrative:**

- Needs statement

**Documents:**

- Complete organizational budget
- Copy of 501(c)(3)
- Board Roster
- Coaches Roster

\*All grant recipients will be required to submit a final report, to include the number of youth who benefited and a detailed budget, with receipts, on how the funds were expended.





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## Budget

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Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Expense	Number of youth	Cost per youth	Total
Uniforms			
Registration			
Travel			
Equipment			
Other (specify)			
Other (specify)			
Other (specify)			
<b>TOTAL</b>			

