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Winter/Spring SY2025–26 OAL Community Sports Support Grant Worksheet

Please use this worksheet to prepare answers to the following questions before submitting your application to youthsportsgrants@positivecoach.org

Please complete this worksheet and include it as part of your application email submission in PDF format.

This worksheet must be submitted along with your Narrative and Required Appendices in one email to: youthsportsgrants@positivecoach.org

Deadline: Friday, October 31, 2025 at 5:00 p.m. PST

Late or incomplete applications will be considered at the discretion of the review committee. However, there is no guarantee that they will be considered.

Applicants who do not meet all minimum eligibility requirements (501(c)(3), two years operating history, current DOJ status) will not be considered.

**Site selection for each sport will be determined by OAL in accordance with the needs of individual schools.*

ORGANIZATION INFORMATION

Organization Name: _____

Year Organization was Established (must be a minimum of 2 years to qualify): _____

Tax Exempt I.D.: _____

Are you a public charity as identified by the IRS? YES or NO _____

(Must be YES to qualify — check your status here BEFORE applying: [IRS Check](#))

*Organizations under fiscal sponsorship should include tax i.d and other appropriate materials of the fiscal sponsor.

Organization's Mission Statement (2 sentences max):

Organization Contact Person & Title: _____

Email Address: _____

Telephone Number: _____

Organization Mailing Address/City/State/Zip:

Website: _____

Facebook: _____

Instagram: _____

X (Twitter): _____

LinkedIn: _____

FISCAL INFORMATION

Organization's Fiscal Year (ex: July 1–June 30): _____

Total Organization Operating Budget for Current Fiscal Year: \$_____

Estimated Operating Budget for Next Fiscal Year: \$_____

% of Total Operating Budget Spent on:

- Fundraising: _____%
- General Administration: _____%

Who are the top three funders (companies or individuals) of your organization and is the funding confirmed, pending, or one-time?

1. _____
2. _____
3. _____

STAFF INFORMATION

Full-Time Staff: _____

Part-Time Staff: _____

Volunteers: _____

Optional: Please provide a general breakdown of staff roles to help us understand your program delivery capacity:

- Number of Sports/Program Delivery Staff: _____
 - Number of Administrative/Operations Staff: _____
 - Other (please describe): _____
-

GRANT IMPACT INFORMATION

Name of Program You Are Requesting Funding For: _____

Funding Request Amount: \$ _____

OAL Targeted Sport(s) to be Supported:\

- ☐ Basketball
- ☐ Baseball
- ☐ Boys Volleyball
- ☐ Softball
- ☐ Track & Field

Age Range of People Who Will Benefit from This Grant: _____

Total Number of YOUTH (grades 6–8) that will be impacted by this grant: _____

Total Number of ADULTS (age 19+) that will be impacted by this grant (parents, volunteers, coaches, etc.): _____

Demographic Breakdown of Participants (*Estimate %* — total must equal 100%)

Note: Grant decisions are not based on this information.

- African-American/Black _____%
 - Latinx/Hispanic _____%
 - Asian _____%
 - South Asian _____%
 - Native American _____%
 - Native Hawaiian/Pacific Islander _____%
 - Caucasian _____%
 - Other/Unknown _____%
-

NARRATIVE

Organizations are required to submit a narrative addressing the outlined topics in the provided Narrative Template. Narratives should be no more than four pages, excluding the required appendices.

Please review the OAL Community Sports Grant Packet for full narrative instructions.

REQUIRED APPENDICES

- ☐ Names and Affiliations of Board Members (Word Doc/PDF)
- ☐ Program Timeline (Word Doc/PDF/Excel)
- ☐ Budget Template
- ☐ IRS Determination Letter verifying public 501(c)(3) status (PDF)
- ☐ Most Recent W9 (PDF)
- ☐ Organization's Logo (PNG with Transparent Background)

**If additional documents are required that are not listed here, we will follow up directly with the organization contact.*

Health & Safety Compliance Statement (Required After Approval)

All applicants must confirm their commitment to meeting OUSD's student safety standards. Documentation will be collected from approved grantees during onboarding prior to program start.

By submitting this application, your organization affirms it will comply with the following before programming begins:

- ☐ DOJ Live Scan fingerprint clearance for all program staff
- ☐ Valid TB clearance for all staff in contact with students
- ☐ Annual Mandated Reporter training completed for all staff
- ☐ At least one CPR/First Aid certified staff member on-site during program hours
- ☐ A written, site-specific Safety Plan shared with all program staff

Note: Proof is not required at time of application, but must be submitted if selected for funding.

Non-Health & Safety Compliance (Required After Approval)

The following administrative requirements must be completed during the onboarding phase before any program activities begin:

- ☐ Certificate of Insurance listing OUSD as an additional insured
- ☐ OUSD Vendor Registration completed in the Community Partner Platform (CPP)
- ☐ Annual compliance documents updated in CPP by August 31
- ☐ Executed contract or Memorandum of Understanding (MOU) with OUSD
- ☐ Valid Vendor ID number issued by OUSD
- ☐ OUSD Board of Education approval, if required (depending on funding or scope)