CalViva Health Youth Recreation Fund

CalViva Health (CVH) has created a Youth Recreation Fund to provide support for communities in underserved areas. This initiative was created to support youth recreation programs in Fresno, Madera, and Kings Counties. CalViva believes that good health doesn't just come from the doctor's office. We believe that youth sports provide the opportunity for good health, teamwork and a safe place for all to participate. Participation in youth sports leads to life long healthy decisions.

CalViva Health recreation funds are intended to allow recreational organizations to provide opportunities for youth who would otherwise be excluded, and to provide better experiences for all. Funds will range from $1,000 to $10,000.

Funds

Funds may be used for the following items:

- Registration fees for children with financial need
- Training for Volunteer Coaches
- Equipment and Supplies (Organizations will maintain ownership)
- Facility Use Fees

Funds may **not** be used for the following items:

- Payment of Coaches
- Payment of Organization Staff/Board Members
- Equipment/Supplies that players/coaches retain ownership of
- Club/Competitive/Travel sports
- Any expenses that do not directly increase the number of participants or quality of player experience

Recognition

As a partner in the Community, CalViva Health may require the following recognition (dependent on the level of funding):

- CVH logo on jerseys (multi year funding may be available)
- Banners displayed at facilities
- Naming rights on camps and clinics
- CVH logo displayed on print and electronic media
- Other items as agreed

Application Submission

Organizations may only apply once per year.

Applications should be sent by email to Courtney Shapiro Cshapiro@calvivahealth.org or mailed to CalViva Health Attn: Courtney Shapiro, 7625 N. Palm Ave #109, Fresno, CA 93711. **All applications will receive an email confirmation.**

Please provide the **ORGANIZATION'S W-9** when submitting your application. Applications will not be accepted with out this document.

Organizations that have previously received funding will be required to submit a brief impact report, photos, and documentation demonstrating how the funds were used and how CalViva Health was recognized before future funding requests will be considered.

Application

Application will be screened based on socioeconomic need of the organization's area of operation. Organizations that operate in economically depressed areas will receive greater consideration. Organizations may only apply once per year. Organizations must be based in Fresno, Madera, or Kings Counties.

Organization Name:

Contact Name:

Contact Phone Number:

Contact Email Address:

Organization Mailing Address:

Check Payable to:

Website:

Social Media Accounts:

List of schools attended by your youth:

Please circle County of operation: ☐ Fresno ☐ Madera ☐ Kings

Sport:

What months do your youth participate in sports:

Brief description of organization:

Number of youth participants served:

Please provide a brief description of how you will utilize funds awarded:

Budget:

Total Funds Requested: $_____ Fields below should add up to Total Funds Requested

- Registration fees for children with financial need $ _____
- Training for Volunteer Coaches $
- Equipment and Supplies (Organizations will maintain ownership) $
- Facility Use Fees $
- Other: $
  Please describe

Previous CalViva Health Youth Recreation Funding

(Complete this section only if your organization has previously received funding from the CalViva Health Youth Recreation Fund.)

Has your organization previously received funding from CalViva Health? ☐ Yes ☐ No (If no, skip this section.)

Previous Award Information

Year(s) funding was received: _____ Amount awarded: $_____

1. Briefly describe how the awarded funds were used.

2. What impact did the funding have on your organization and the youth you serve?

Examples may include: Increased participation * Reduced financial barriers * New equipment purchased * Improved facilities * Expanded programming * Other measurable outcomes

3. Were the funds used for the purposes described in your original application?

☐ Yes ☐ No (Please explain.)

4. How did your organization recognize CalViva Health's support?
(Check all that apply.)

☐ CalViva Health logo displayed on jerseys ☐ Banner displayed at facility ☐ Social media recognition

☐ Website recognition ☐ Printed promotional materials ☐ Camp or clinic naming recognition

☐ Public announcement or event recognition ☐ Other: _____

Photos & Supporting Documentation

Please include the following with your application:

☐ 3–5 high-quality photos showing the funded project, equipment, program, or participants

☐ Copies or screenshots of recognition provided (social media posts, website, banners, jerseys, flyers, etc.)

5. Is there anything you would like CalViva Health to know about how this funding benefited your organization or community?