



Thank you for your interest in the Globe Life Texas Rangers Grant Program. The Texas Rangers Baseball Foundation accepts grant proposals from nonprofit organizations that specifically support youth baseball or softball. The Texas Rangers Baseball Foundation supports other areas of focus, but this grant program and all related applications should be limited to support of youth baseball and softball.

All grant proposals will be reviewed by Texas Rangers Baseball Foundation staff and by the Texas Rangers Baseball Foundation Board of Directors. There is one grant cycle annually.

Unfortunately, the Foundation will receive more many more requests for support than it can possibly fund. Therefore, some requests will be declined even though they meet all requirements. All applicants will receive a response to their grant request by the end of August.

**Restrictions:**

- Grants will only be awarded to eligible organizations that operate in the Texas Rangers home territory which includes: Arkansas, Louisiana, New Mexico, Oklahoma and Texas only.
- Grants will not be made to individuals, churches, or to national organizations that do not have local financially independent chapters.
- Grants will not be made for political campaigns or fundraising events, including the purchase of tables, tickets or advertisements.
- This grant program does not fund multi-year grants.
- Funding is limited to organizations supporting baseball and softball for children ages 18 and under. However, grant is not intended to support travel expenses and tournament fees.
- If an organization is awarded a grant, that specific local organization will be ineligible for an award for one year.
- Recipient understands and accepts responsibility to participate in public relations activities associated with receipt of grant and will display Rangers Foundation signage acknowledging grant.

## **PROCEDURES FOR COMPLETING AN APPLICATION**

*Before preparing your application, please read the following instructions carefully and provide all information requested.*

- The application should be completed in full
- Attach a copy of IRS final determination letter (501 ( C) (3) only)
- Include the actual or tentative project budget
- Include the project timeline
- Include a roster of your officers and board members
- Include a letter of reference and support from the highest ranking official with your organization (board and/or employee)
- Include your organization's fact sheet which includes your mission statement
- **Please submit 15 complete sets of your proposal.** All copies of your proposal should be hole- punched and paper clipped. No staples, binders, sheet protectors, or any additional binding presentations, please.
- Incomplete packets and/or applications will automatically be disqualified.
- Grant applications will not be processed via fax, e-mail, or telephone.
- Grant proposals must be received by Sunday, June 30, 2019 5:00 pm CST.

MAIL OR DELIVER TO:

Texas Rangers Baseball Foundation  
Globe Life Texas Rangers Baseball and Softball Grant Program  
1000 Ballpark Way, Suite 400  
Arlington, TX 76011

## **Globe Life Texas Rangers Baseball and Softball Grant Program Application Form**

Proposals must be received by Sunday, June 30 5:00 pm CST.  
All requests for funding must be in the amount of \$10,000 or less.

Please type/print neatly all of the information on this form. Please use only the space provided.  
Only complete applications will be accepted, so please make sure you submit all necessary information.

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

Name of organization as listed with the IRS 501 (c ) (3), if different from above:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Board Chairman:

\_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization President:

\_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization Executive Director:

\_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who is the person responsible for coordinating, implementing and directing the specific program for which funding is requested?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many years has your organization been in business? \_\_\_\_\_

How many individuals does your organization have on staff? \_\_\_\_\_

What is your organization's total fundraising goal for the year? \_\_\_\_\_

Please provide a summary of your organization's history and accomplishments.

---

---

---

---

---

What is the specific nature of the project for which you are requesting funding? *(Please note that this grant is not intended to pay for travel expenses for tournaments or traveling teams.)*

---

---

Have you ever previously applied for a Globe Life Texas Rangers Grant? \_\_\_\_\_

Is this a new or existing project? \_\_\_\_\_

What is the total amount budgeted for this particular project? \_\_\_\_\_

How much are you requesting from this grant? *(Max. \$10,000)* \_\_\_\_\_

If this request is for an amount smaller than the total budget of the project, would this grant complete the proposed project? If not, what percentage of the project will be completed with this grant?

---

Will any of this grant go toward general operating expenses? \_\_\_\_\_

In what city/county will this grant be used? \_\_\_\_\_

How many youth will this project serve? Per Month: \_\_\_\_\_ Per Year: \_\_\_\_\_

If you were to receive funding, what are the expected results from this project?

---

---

---

---

---

Please provide a brief description of the service area and youth that will benefit from this project: (Demographics, ages, socioeconomics, etc.)

Demographics

Socioeconomics: \_\_\_\_\_

Ethnicities: \_\_\_\_\_

Age Range: \_\_\_\_\_

Additional social characteristics: \_\_\_\_\_

Please describe the project or program that you are requesting funding for, its goals, purpose, and its importance to the youth in your community.

---

---

---

---

---

---

---

---

---

---

---

Does this program duplicate any others in your geographic area? If yes, what distinguishes your program from others?

---

---

---

---

Please briefly describe the nature of any additional programs or services your organization offers. (Exp. Educational, athletics, etc.)

---

---

---

---

---

What public or private agencies are you currently working with, or will be working with, on this project or program?

---

---

---

---

---

Have the Texas Rangers or the Texas Rangers Baseball Foundation contributed to your organization in any way in the past? (*Exp. Financial support, donation of autographed item or tickets, player or mascot appearance, etc.*)

---

---

---

---

---

Please list other principal sources of funding.

Organization Name

Contribution

---

---

---

Organizations that receive a grant are asked to participate in public relations opportunities related to the grant and will be asked to display Texas Rangers and/or Texas Rangers Baseball Foundation signage acknowledging the grant. Please provide examples of how you envision the execution of these elements. (*Social media, web presence, signage, etc.*)

---

---

---

---

Please briefly describe why your application should be selected. (*Stories of participants, the community or school are encouraged. Attachments may be included.*)

Will you be seeking funding from any other professional sports organization and/or foundation?  
If so, with whom? \_\_\_\_\_

If your organization receives a grant from the Globe Life Texas Rangers Baseball and Softball Grant Program, does your organization confirm that any amount received from the Grant Program will be used solely for the purpose described in this application and agree to submit, upon request, documentation showing how your organization used this grant?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please sign this application to confirm that all of the information provided in this application are true and correct as of the date submitted.

Signature of Person Authorized to Submit this Proposal

\_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_