



KINGSBURG HEALTHCARE DISTRICT

Kingsburg Healthcare District Grant Application

Please complete and return the documentation and information required under the District Grant Policy, Procedures, and Guidelines. **Submit a signed original plus a set of 7 copies using a binder clip.**

Provide the following information for the grant applicant, as well as for all partnering and/or subcontracting entities, if any.

Applicant Name Kingsburg Girls Softball League

Type of Organization Youth Sports

Legal status of your business (LLP, nonprofit, etc.) non-profit

Subject of Request 12 u travel team jerseys

Total Amount Requested \$ 10,000 How many People Will Grant Serve? 14

Is this intended as a one-time or ongoing project? one-time

Project timeframe ASAP Lump sum or periodic disbursement? Lump sum

How will the grant be recognized by the recipient? logs placed on jerseys

Total Years in business 30+ # of Employees 0 Federal Tax ID # 77-0269866

Business Licenses, Certifications or Registration #: _____

Individual Accountable for Grant Funds:

Name Stacy Farrell Title Treasurer

Address 968 Sierra St. PMB #144

City Kingsburg State Ca Zip 93631

E-Mail money@kingsburgsoftball.com Phone Number 559-288-3160

By signing below, the undersigned hereby certifies under penalty of perjury that; (1) information contained within this application is true and correct to the best of my personal knowledge, information and reasonable belief; (2) the grant applicant has read and is familiar with all of the District's grant policies, procedures and guidelines; (3) the grant applicant hereby waives each and all claims and right(s), if any exist to, in any form, appeal or otherwise legally challenge each and all decisions of the Kingsburg Healthcare District about this grant application; and (4) the governing body of the grant applicant has duly authorized me to sign this grant application.

Signature Stacy Farrell Date 1/15/2024

Print Name and Title Stacy Farrell, Treasurer

The following information is required in relation to the requested grant. Please use separate pages for each numbered item, titling and numbering each page as listed below. If a numbered item has no short response, you may combine them on one page if they are numbered and titled appropriately. We require one (1) signed copy of the grant application, with pages 1-8 completed and attached, and seven (7) additional copies.

- 1. Project Overview:** Include the purpose of the grant request. Describe in detail how the funds will provide health and wellness services, as well as further the grant goal of fostering quality health services and programs that benefit the residents of the District.
- 2. Project Cost:** Itemized budget with explanation of individual costs and need(s) of such and supporting documentation, such as official bids (which should be for 90 days), if any.
- 3. Partner(s):** List all partners (if any) and their financial contributions for this specific project.
- 4. Funding Sources:** List all funding sources for the past 5 years.
- 5. Community Need:** Describe the specific needs of the district that your project will meet.
- 6. Legal Status:** Please provide a copy of your W-9, business licenses, and certificates, as well as an IRS determination letter if you are a nonprofit.
- 7. Contributions:** List previous and ongoing community contributions your organization has made within the past 5 years.
- 8. Plans:** Provide drawings or pictures of the proposed project with footnotes for explanations.



Kingsburg POSSE 10U & 12U Year-Around Team



Community Needs Request

Project Overview: Funding Request to support a travel softball team's gear needs, broken down on next page

Project Cost: See Next Page

Partners: N/A

Funding Sources: Historically this league and its travel teams have operated on player dues and local business sponsorships

Legal Status: Non-profit, 501(c)6

Contributions: Kingsburg Girls Softball League has been operating in the community of Kingsburg for over 30+ years, serving our community with a place to develop young girls interested in the game of softball both at the local level, and at the more competitive travel level



Kingsburg POSSE 10U & 12U Year-Around Team



February-November 2026

Funding Requested For: (2) Jersey tops, (2) Jersey Pants,
(2) Socks, (2) Belts, (2) Bows, Bat Bag w/ Embroidery,
Helmet w/ decals, (2) Practice Jerseys & Team Sweatshirt



Jersey Tops (2).....	\$200
Jersey Pants (2).....	\$104
Belts (2).....	\$22
Socks (2).....	\$38
Helmet & Decals.....	\$85
Bat Bag	\$150
Bows (2).....	\$50
Practice Jerseys (2).....	\$50
Team Sweatshirt.....	\$65
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\$764 per player	
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\$10,696 per team	