

Expiration Date:

Sub Recipient	Subaward Deliverables	Deliverables Percentage Complete	Deliverable Progress YTD Facts and Specifics	Adaptive Sports Entity Comments/Action Items	Adaptive Sports Entity Assigned Program Status	Grant Amount	Actuals YTD*	Percent Funds Remaining	UV Participants				
Organization Name					Status	\$ -	\$ -	#DIV/0!	Q1	Q2	Q3	Q4	YTD
	Deliverable 1	0	Progress						0	0	0	0	0
	Deliverable 2	0	Progress										
	Deliverable 3	0	Progress										
	Deliverable 4	0	Progress										
	Deliverable 5	0	Progress										

**Instructions:**

Please complete the purple areas.

YTD Deliverables Percent Complete - Update percent complete (YTD progress, cannot exceed 100%). For equipment deliverables (purchases), divide the amount spend on equipment by the total equipment budget. Enter the percentage of the equipment budget spent.

Deliverable Progress YTD Facts and Specifics - For each deliverable, list the activities/events that support the progress of the deliverable and the program. Include only facts and specifics, for example include the activity/event description and the date it occurred. For equipment deliverables (purchases), list the type of equipment purchased and the amount. For single piece of equipment purchases \$5,000 and over, complete the table in Tab 3 - Equipment Purchases.

For equipment deliverables (purchases), divide the amount spend on equipment by the total equipment budget. Enter the percentage of the equipment budget spent.

2011 Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 2900-XXXX. Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2900-XXXX), Washington, DC 20503.

**Award Expenditures**  
**October 1, 20XX - June 30, 20XX**

**YTD October 1, 20XX - June 30, 20XX**

	Operations	Equipment	Travel	Supply/Other	Administrative	Personnel	Totals
<b>Organization Name</b>							
Budget	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Year to date expenditures by category	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Remaining	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Comments							

**Instructions:**

Update the amount spent in each category. If you have deviations please explain in the comment section.

Should be completed by appropriate Finance/Accounting personnel. Needs to tie back to the Accounting System (General Ledger).

ONLY include amounts spent against this award. DO NOT report expenditures that are funded by other sources.

For further information regarding below categories and allowable costs, please reference appropriate OMB guidance (2 CFR 220, 2 CFR 225, 2 CFR 230).

Operations - Expenditures associated with implementing this grant program such as coaching fees, lift tickets and facility fees.

Equipment - Sport equipment purchased to meet program objectives. To be categorized as equipment must have a useful life of more than one year and a unit price greater than \$5,000. Equipment expenditures must have prior approval or be identified in your Subaward Agreement. Record further detail on tab 3. Equipment Purchases. Further detail requested on tab 3.

Travel - Expenses for transportation, lodging, subsistence, and related items incurred to meet program objectives. Costs must be consistent with those allowed in like circumstances in your organization's other activities.

Supply/Other - Consumable items in direct support of carrying out the award or equipment purchases with a per-unit value less than \$5,000.

Administrative - Maximum of 10% of the total award. Costs must be clearly identified and associated with the implementation and tracking of the award.

Personnel - Expenses should be based on documented payrolls approved by a responsible official(s) of the organization. Reports need to reflect the distribution of activity for those whose compensation is charged, in whole or in part, directly to this award. They reports must reflect an after-the-fact determination of the actual activity worked on the program. Reports must account for the total activity for which employees are compensated.

**Organization Name**

**Equipment Purchases**

\* Report the purchase of single units/pieces of equipment in excess of \$5,000. This is only for equipment purchased using this award. Report must include cost of the unit/piece of equipment, date of purchase, serial number, and its location.

Make and Model	Type of Equipment	Cost of the unit/piece of equipment	Date Purchase (mm/dd/yy)	Serial Number	Location of this equipment

Organization Name	
Activity/Event Details	
April 1, 20XX - June 30, 20XX	
Activity Type	Opportunities (Number Held)
Practice/Training	
Camps	
Clinic	
Competitions	
<b>Total number of Opportunities Held this Quarter</b>	0

**Instructions:**

Activity Type - A session, event, clinic, camp, competition, practice, training made available and at least one veteran with a disability participated.

Opportunities – List the number of opportunities for each activity offered over this reporting period. Multiday events/activities, such as a weeklong camp or a two-day competition, are counted as one opportunity.

For example, your organization offered quad rugby practices once per week over a 12-week period with a three-day tournament at the end of the season. The number of opportunities is 13 - one practice per week for 12 weeks (12) and one two-day competition (1). Count the two-day competition as one opportunity.

**Partnerships and Collaboration**  
**October 1, 20XX - June 30, 20XX**

Organization	Collaboration Description

**Instructions:**

Organization - List the organization you partnered or collaborated with during this reporting period (Community Partner, VA Medical Center, VA Facility, Rehabilitation Hospital, Veteran Service Organization).

Collaboration Description – Describe the activities conducted in partnership or in collaboration.



**Success Stories**

**Organization Name**

**April 1, 20XX - June 30, 20XX**

Story #1: Who or what was involved? What happened? Why is this a success story?

Story #2: Who or what was involved? What happened? Why is this a success story?

Story #3: Who or what was involved? What happened? Why is this a success story?

Story #4: Who or what was involved? What happened? Why is this a success story?

**Instructions:**

Success Story- An anecdotal account of how fund grants impacted any aspect of a veteran with disabilities or member of the Armed Forces' life by demonstrating their strength to overcome their respective disability and reintegration into the community through participating in adaptive athletic activities.



Challenge/Issue #1:

Challenge/Issue #2:

Challenge/Issue #3:

Challenge/Issue #4:

**Instructions:**

Challenge/Issue: Share any challenges or issues you could/can help.

**Challenges/Issues**

**Organization Name**

**April 1, 20XX - June 30, 20XX**

Challenge/Issue Description

Challenge/Issue Description

Challenge/Issue Description

Challenge/Issue Description

u have faced throughout the grant cycle. Explain what the challenge or issue was, how you were impacted, and how we