Grant Recipient	Deliverables	Deliverables Percentage Complete	Deliverable Progress YTD Facts and Specifics	VA Comments/Action Items	Grant Amount	Expense Actuals YTD*	Percent Funds Remaining	l	Unique V	eteran P	articipant	ts
NAME								Q1	Q2	Q3	Q4	YTD
	Deliverable 1.							0	0	0	0	0
	Deliverable 2.											
	Deliverable 3.											
	Deliverable 4.											

Please complete the purple reporting 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.

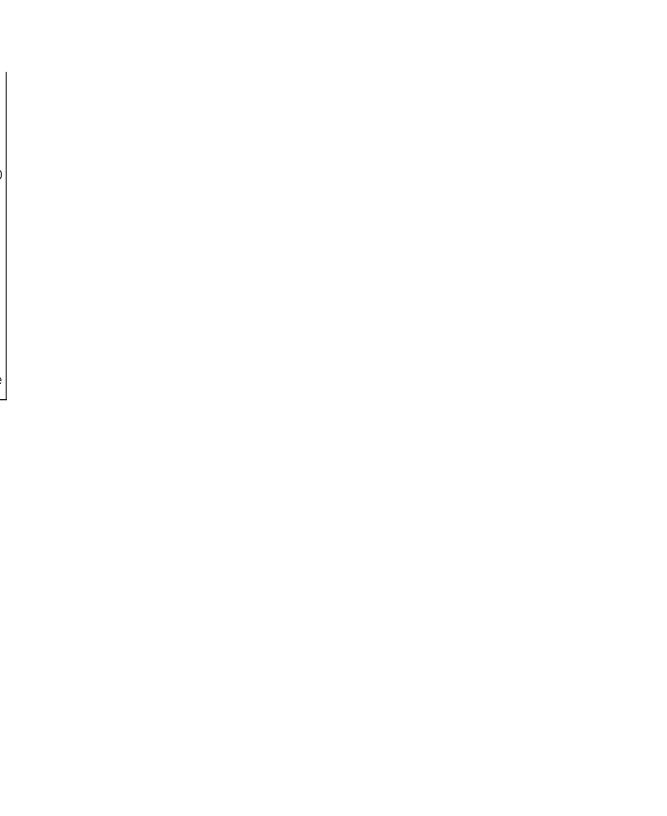
Deliverable Progress YTD Facts and Specifics - For each deliverable, list the activities/events that support the progress of the deliverable and the program. Include only facts and specifics, for example include the activity/event description and the date it occurred. For equipment deliverables (purchases), 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.

Expense Actuals YTD - Update total award expenditures (YTD cumulative expenses, cannot exceed 100%). Enter the total cumulative amount of the budget spent.

Percent Funds Remaining - Update the total funds remaining divided by the Grant Amount. Enter the percentage of the budget funds remaining.

Unique Veteran participant - count each disabled Veteran or service member that participated in one or more award activities during the quarter.

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



				Expenditures					
YTD October 1, 2016 - Sept. 30, 2016									
	Operations	Equipment	Travel	Supplies	Administrative	Personnel (Operational)	Personnel (Administrative)	Other	Totals
NAME									
Budget:								\$0	
Q1 Expenses (Oct. 1 - Dec. 31)									
Amount Remaining									
Comments									
02 Funences (Jan. 1 - May. 21)									
Q2 Expenses (Jan. 1 - Mar. 31)		-							
Amount Remaining Comments									
Comments									
Q3 Expenses (April 1 - June 30)		-							
Amount Remaining									
Comments									
Q4 Expenses (July 1 - Sept 30)		-							
Amount Remaining									
Comments			•	•	•	•			

Update the amount spent in each category for the respective quarter. 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 and VA guidance, including 2 CFR 200 and 38 CFR 77.

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 equal to or greater than \$5,000. Equipment expenditures must have prior approval or be identified in your Grant Agreement. Record further detail on tab 3. Equipment Purchases. Further detail requested on tab 3.

<u>Travel</u> - Expenses for transportation, lodging, subsistence, and related items incurred to meet program objectives. Costs must be consistent with those allowed in 2 CFR 200.474 Travel Costs guidance that includes consideration of GSA lodging and subsistence rates for designated locations (http://www.gsa.gov/portal/category/100120) and if applicable, established organizational policies.

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

Administrative (non-Personnel) - Sum of Administrative and Indirect Costs that do not include Personnel (Administrative). When combined with Personnel (Administrative) costs, may not exceed 5.0% of the total award. Costs must be clearly identified and associated with the implementation and tracking of the award.

<u>Personnel (Operational)</u> - Includes both Personnel and Fringe Benefit expenses that 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. Operational activities are identified as "time spent by such employee directly providing coaching or training for participants" per 38 CFR 77.14(c)(2). The 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.

Personnel (Administrative) - Includes both Personnel and Fringe Benefits expenses that 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. Administrative activities are identified as all personnel activities that are not "time spent by such employee directly providing coaching or training for participants" per 38 CFR 77.14(c)(2). The 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.

Other - Other allowable costs identified in execution of the grant program deliverables.

## NAME

# **Equipment Purchases**

\* Report the purchase of single units/pieces of equipment equal to or 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

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

Activity Location(s): list the location(s) of the activity in which at least one Veteran with a disability participated.

Time Spent in Direct Interaction: Identify the number of hours spent providing the activity in which at least one Veteran with a disability participated

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

#### 1st Quarter

	NAME Activity/Event Details October 1, 2015 - December 31, 2015					
Activity Type	Activity Location(s)	Hours Spent in Direct Personal Interaction w. Veterans	Opportunities (Number Held)			
Practice/Training						
Camps						
Clinic						
Competitions						
Opportunities Held this Quarter			0			

#### **3rd Quarter**

	Activity/Event April 1, 2016 - Jui		
Activity Type	Activity Location(s)	Hours Spent in Direct Personal Interaction w. Veterans	Opportunities (Number Held)
Practice/Training			
Camps			
Clinic			
Competitions			
Opportunities Held this Quarter			0

#### 2nd Quarter

Activity/Event Details January 1, 2016 - March 31, 2016						
Activity Type	Activity Location(s)	Hours Spent in Direct Personal Interaction w. Veterans	Opportunities (Number Held)			
Practice/Training						
Camps						
Clinic						
Competitions						
Opportunities Held this Quarter			0			

#### 4th Quarter

-til Qualtel			
	Activity/Eve July 1, 2016 - Sept		
Activity Type	Activity Location(s)	Hours Spent in Direct Personal Interaction w. Veterans	Opportunities (Number Held)
Practice/Training			
Camps			
Clinic			
Competitions			
Opportunities Held this Quarter			0

Cogunization - List the cognization you purposed or collaborated with during by insepting perior Community Parties - Washead Coreft - Na Fability, Rehabilishing the height elevents Program Organization, U.S Air Force, U.S - Airmy, U.S Cosas Guiard, U.S Marine Corps, U.S Navy, Sales or Low-Government, College or University, Mastonia Governing Boyon Persymptic or Adaptives Sport). Collaboration Description – Describe the activities conducted in partnership or in collaboration.

1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
0	ct. 1, 2015 - Dec. 31, 2015	į.	Jan 1, 2016 - March 31, 2016		April 1, 2016 - June 30, 2016		July 1, 2016 - Sept. 30, 2016
Organization	Collaboration Description	Organization	Collaboration Description	Organization	Collaboration Description	Organization	Collaboration Description

Instructions:
Unique Veteran Participants - For each disabled veteran or service member that participant on one or more award activities during the quarter, provide their last name, first name and zip code of where the veteran lives and is considered his home of record.

Q1 Uniqu	ue Veteran Participants	Q2 Unique	Veteran Participants		Q	23 Unique Veteran Partici	pants	Q4 U	nique Veteran Participa	nts
October 1, 2	2015 - December 31, 2015	January 1.	2016 - March 31, 2016			April 1, 2016 - June 30, 2	016	July 1	, 2016 - Septmeber 30,	2016
Last Name	First Name Zip Code	Last Name	First Name	Zip Code	Last Name	First Name	Zip Code	Last Name	First Name	Zip Code
				-р ссс						_p
To	otal 0		Total	0		Total	0		Total	
1.0										

This reporting tool is intended to capture training and technical assistance provided to progr Defense employees, and other appropriate individuals to enable them to better provide adapter Veterans and disabled Servicemembers, but their training would have to be for the purpose Forces. If a unique Veteran is trained at an event for purposes of participation in an adaptive 7 Training and would be reported in Tab 4, Activity Details, and the Veteran's name would be and organization of attendees. Add rows as necessary to account for multiple training event

Q1 Training Ev	ents			
Training Event	Date/Location	Last Name	First Name	Organization
, and the second				,

am administrators, coaches, recreational therapists, instructors, Department of Veterans Aff otive sport support to disabled Veterans and disabled members of the Armed Forces. Traine of enabling them to participate in provision of adaptive sports to disabled Veterans and disal e sport but not to enable providing services to help support an adaptive sport activity, the electron error of the training event, date and location and/or multiple personnel during a given quarter.

raining Event	Date/Location	Last Name	First Name	Organization
raining Event	Date/Location	Lastivanic	Tilotivanio	Organization

fairs employees, Department of less may include disabled bled members of the Armed vent would not be included in Tab along with last name, first name

Q3 Training Eve	nts			
Training Event	Date/Location	Last Name	First Name	Organization
				,

Q4 Training Events				
Training Event	Date/Location	Last Name	First Name	Organization

Instructions: Identify outreach activities and success stories within a particular quarter. Add rows as necessary to account for additional outreach activities and success stories that may have occurred during a given quarter.

Outreach Activity - An account of how outreach activities were conducted to affect awareness and effectiveness of grant- and non-grant-funded adaptive sports activities for disabled Veterans and disabled members of the Armed Forces.

Success Story- An anecdotal account of how grant funds 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.

Q1 Outreach Activities & Success Stories		
	NAME	
	October 1, 2015 - December 31, 2015	
#1: Who or what was involved? What happened? What were the results? If a success story, why?		
#2: Who or what was involved? What happened? What were the results? If a success story, why?		
#3: Who or what was involved? What happened? What were the results? If a success story, why?		

Q2 Outreach Activities & Success Stories NAME January 1, 2016 - March 31, 2016		
#2: Who or what was involved? What happened? What were the results? If a success story, why?		
#3: Who or what was involved? What happened? What were the results? If a success story, why?		

Q3 Outreach Activities & Success Stories NAME		
April 1, 2016 - June 30, 2016		
#1: Who or what was involved? What happened? What were the results? If a success story, why?		
#2: Who or what was involved? What happened? What were the results? If a success story, why?		
#3: Who or what was involved? What happened? What were the results? If a success story, why?		

0/	Outreach Activities & Success Stories
	NAME
	July 1, 2016 - September 30, 2016
#1: Who or what was involved? What happened? What were the results? If a success story, why?	
#2: Who or what was involved? What happened? What were the results? If a success story, why?	
#3: Who or what was involved? What happened? What were the results? If a success story, why?	

Challenge/Issue: Share any challenges or issues you have faced throughout the grant cycle. Explain what the challenge or issue was, how you were impacted, and how we could/can help. Add rows as necessary to account for additional challenges that may have occurred during a given quarter.

Q1 Challenges/Issues		
NAME		
	October 1, 2015 - December 31, 2015	
Challenge/Issue #1:		
Challenge/Issue #2:		

NAME		
	April 1, 2016 - June 30, 2016	
Challenge/Issue #1:		
Challenge/Issue #2:		

Q2 Challenges/Issues			
	NAME		
	January 1, 2016 - March 31, 2016		
Challenge/Issue #1:			
Challenge/Issue #2:			

Q4 Challenges/Issues NAME		
	July 1, 2016 - September 30, 2016	
Challenge/Issue #1:		
Challenge/Issue #2:		