OMB Number: 2900-Exp. Date: Oct., 2025 Respondent Burden: 20 minutes

VA U.S. Department of Veterans Affairs

ADAPTIVE SPORT GRANT APPLICATION

PRIVACY ACT: The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

application will average 20 minutes. This	includes the time it	will take to read inst	ructions, gath	er the necessary	y facts a	nd fill out the forms.
SE	CTION A - ORG	SANIZATION ANI	GRANT I	NFORMATION	ON	
1. ORGANIZATION AND MAILING ADDRESS (Must provide a 9-digit zipcode)		2. PROGRAM NAME AND TITLE			3. GRANT AMOUNT REQUESTED	
	SECTIO	N B - CONTACT	INFORMA	TION		
4. PRIMARY CONTACT		5. PRIMARY PHONE NUMBER		6. A	6. ALTERNATE PHONE NUMBER	
7. EMAIL				1		
	SECTION C - P	ROGRAM AND C	THER INF	ORMATION		
8. UEI NUMBER (Must provide a UEI number before any payment is disbursed)	9. CONGRESSION	NAL DISTRICT	10. SAM CA	GE CODE NUM	IBER	11. EIN NUMBER
12. PROJECTED START DATE	13. PROJECTED (COMPLETION DATE	14. TARGET	GEOGRAPHIC	AREA(S)
15. CATEGORY			16. EXPERIE	NCE WITH VET	ERANS	WITH DISABILITIES
☐ INITIAL ☐ RENEWAL ☐ NON-C	OMPETITIVE		LESS	THAN 2 YEARS	8	MORE THAN 2 YEARS
17. DISABILITY GROUPS LIMB L	OSS LLY IMPAIRED	SPINAL CO INJURY PTSD	RD	☐ TBI		
18. EXPERIENCE WITH DISABLED VET	ERANS? 19. COM	PLEMENTARY FUND	ING?			
YES NO	FEDER	AL: YES	☐ NO	AMOUNT:		
	NON-F	EDERAL: YES	☐ NO	AMOUNT:		
20. DOES YOUR ORGANIZATION HAVE	EXPERIENCE IN M	ANAGING FEDERAL	FUNDS?	YES	☐ NO	
This application does not constitute a Gra Grant Agreement specifying terms and conform the basis of the Grant Agreement as perform the services/activities hereto attactor otherwise agreed upon by the applicant and In the event the applicant and VA do not the terms of the Grant Agreement within	onditions of an awar agreed upon by VA ched in Exhibit A, p and VA. enter into a Grant A 60 days after appro	d. The Program Goa A and the applicant. Uperform the Program	ls and Delive pon full exec Budget in lind son, and/or in	rables (Exhibit ution of the Grae with the budge a the event the application will	A) and I ant Agre et attach applicant automat	Program Budget (Exhibit B) will ement, the applicant will hereto in Exhibit B unless and VA are unable to agree on
AUTHORIZED REPRESENTATIVE NAME	TITLE			E	MAIL	

21. QUALIFICATIONS OF PERSONNE (Include specific experience, education or	L r other qualificatio	ons relevant to the grant proposal.)		
NAME		TITLE	QUALIFICATIONS	YEARS OF EXPERIENCE
22. PARTNERING AND COLLABORAT (Include partnering or participation in jo	oint activities)			
COLLOBORATING ORGANIZ NAME AND POC	ATION	LOCATION (CITY, STATE)	COLLABORATIVE ACTIVITIE	S

EXHIBIT A
Program Goal and Deliverables
(Include locations, activities, frequency of occurrence and number of veterans.
Note: for training of providers include an estimated number of Veterans that will benefit)

Program Deliverable

	Program Deliverable						
	DELIVERABLES	NUMBER OF VETERANS	DELIVERABLE START	DELIVERABLE COMPLETION	BUDGET ESTIMATE		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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EXHIBIT B VA ADAPTIVE SPORTS GRANT PROGRAM BUDGET

Program Budget and Expected Expenditures (Grant Funds Only)

CATEGORY AM			PROJECTED SPENDING IN EACH QUARTER (\$)				
	AMOUNT DESCRIPTION OF EXPENDITURES	OCT-DEC (Q1)	JAN-MAR (Q2)	APR-JUN (Q3)	JUL-SEPT (Q4)		
Operations							
Equipment							
Travel							
Supplies							
Administrative							
*Personnel (Operational)							
*Personnel (Administrative)							
Total							

BUDGET CATEGORY DEFINITIONS

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

For further information regarding allowable costs, please reference OMB guidance (2 CFR 200 and 38 CFR 77).

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

<u>Equipment</u> - 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 be identified in your Grant Application and listed on Exhibit C.

<u>Travel</u> - 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. Travel costs must comply with GSA lodging and subsistence rates for designated locations which can be found at http://www.gsa.gov/portal/category/100120.

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

<u>Administrative (non-Personnel)</u> - Sum of Administrative and In-Direct Costs that do not include Personnel (Administrative). Costs must be clearly identified and associated with the implementation and tracking of the award. When combined with Personnel (Administrative) costs, may not exceed the amount/percentage stated in the funding announcement

*Personnel (Operational) - 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.

EXHIBIT C EQUIPMENT PURCHASES

Equipment Purchases

*Report the purchase of single units/pieces of equipment equal to or in excess of \$5,000. This is only for equipment purchases using this award.

*Report the purchase of single units/pieces of equipm	ent equal to or in excess of \$5,000. This is only for equipment	purchases using tr	
TYPE OF EQUIPMENT	MAKE AND MODEL	APPROXIMATE VALUE	QUANTITY

EXHIBIT D ADAPTIVE SPORTS OFFERED

Indicate your organization or the partner organization executing the event; indicate the sport, and other activity details.

ORGANIZATION	TYPE OF SPORT	CITY	STATE	DATES OFFERED	POINT OF CONTACT/ WEBSITE	