

USAV / VA Adaptive Sports Grant – Subaward Grant Program Application

Please review the Subaward Grant Program Information document located on the USA Volleyball website at <https://www.teamusa.org/USA-Volleyball/Grassroots/Grants> before completing the application.

Name of Applying Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

Did your organization participate in the 2014 Sitting Volleyball Summit?

If Yes, please provide the names of the attendees: \_\_\_\_\_

\_\_\_\_\_

Did your organization take part in the Reimbursement Program following the Summit?

Has your organization or partners received a sitting volleyball net system as part of USAV's Sitting Equipment Loan Program?

If your organization is currently or has previously hosted sitting volleyball programming, please provide a summary of the program to include its successes and challenges.

As part of the Subaward grant program, organizations are required to dedicate funding for sitting volleyball programming and USAV will provide matching funds up to \$2,500 to support the participation of disabled veterans and disabled members of the Armed Forces.

How much funding is the organization requesting USAV to match with the subaward grant? \_\_\_\_\_

Does the organization recognize that the matching funds provided by USA Volleyball must only be used to cover the expenses related to the participation of disabled veterans and disabled members of the Armed Forces?

Please describe how the organization intends to develop and conduct sitting volleyball programming. Information regarding partnerships (member volleyball clubs, VA facilities, Paralympic Sports Clubs, etc.), a general timeline for activities (type and frequency), and the personnel who will be responsible for managing and executing the programming should be included. Please provide as much information as possible to help in evaluating the strength of the application (additional sheets may be attached if space is needed)

Is there any other information to be shared to document the organization's ability to execute this project in the proposed time period?

Please submit this application as well as a proposed budget using the provided excel spreadsheet to the Manager of Sitting Volleyball at [Elliot.blake@usav.org](mailto:Elliot.blake@usav.org). For questions, please call 405-974-3153.