



## GAIN™ Site Application

### **BACKGROUND INFORMATION**

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person responsible for the program \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency address \_\_\_\_\_

\_\_\_\_\_ (please include city, state and full zip code)


Phone: (    ) \_\_\_\_\_; Email: \_\_\_\_\_; Website: \_\_\_\_\_ Fax \_\_\_\_\_

Describe your overall agency purpose/mission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your agency's experiences (if any) with golf and people with disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to establish a  program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





## Program Information

Proposed Name of Accessible/Inclusive Golf program: \_\_\_\_\_

Please Check the GAIN™ Program option(s) you are considering:

- GAIN Community
- Camp GAIN
- GAIN Partner

NOTE: See Alliance website at <http://www.accessgolf.org/gain/index.cfm>  
Also see Table at the end of this document

How many total participants do you expect to involve in the program (1 year):

- # with disabilities \_\_\_\_\_
- # without disabilities \_\_\_\_\_
- # of mentors/volunteers in addition to the above \_\_\_\_\_

Brief Description of what you expect to accomplish (**Purpose**) with the proposed program:

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What are the specific **Objectives** of the program? (use additional space if needed)

- 1.
- 2.
- 3.

Describe how you intend to insure that the program is inclusive of both people with and without disabilities:

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How will you **staff** the program? (e.g. inclusion specialists, golf professionals, volunteers, mentors) If you have already identified staff, please provide names and titles

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What other organizations within your community will you work/collaborate with on this program? (provide a brief description of each organization's role with the program)

_____	_____
_____	_____
_____	_____

Briefly describe how you intend to assess the value and impact of the program (use additional sheet)





**Sustainability**

The National Alliance for Accessible golf is greatly interested in funding programs that are able to be self supporting and sustainable. Please provide information on how you will work towards sustaining this program after Alliance funding is no longer available

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Please feel free to provide additional information desired such as website urls, brochures, etc.

Note to all applicants: This application is intended to solicit basic grant request information. Prior to a funding decision, telephone interviews and/or an onsite meeting will be held.

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Return materials to:

GAIN OVERSIGHT COMMITTEE  
RR 1, Box 652  
Springville, Indiana 47462  
812-320-1126  
accessolutions@gmail.com





**Grant Request Information**

Amount of your grant request from the Alliance: \$ \_\_\_\_\_

Amount and source of other financial contributions for this program? (please list source and amount(s) below: \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of in-kind support for this program (internal or external) \$ \_\_\_\_\_  
 please list specific support (e.g. equipment, staff, transportation, etc.)  
 and the dollar value of each itemized contribution

Please provide a one year **summary** budget outline for this program as follows

Please include:

	Amount Requested of Alliance	Amount from other sources
Instruction, program coordination (itemize)	\$	\$
Transportation (participants)	\$	\$
Program Supplies	\$	\$
Training (Program only)		
Golf Equipment (itemize)	\$	\$
Other (itemize)	\$	\$

Note 1: The Alliance typically does not fund administrative costs such as office supplies/equipment or administrative or clerical staff support. Travel, etc. However, these items can be included as part of the local or in-kind match

NOTE 2: Please use \* by any item that is in-kind



## GAIN™ (Golf: Accessible and Inclusive Networks)

	COMMUNITY PROGRAM	CAMP PROGRAM	PARTNER PROGRAM
What it is	Comprehensive year around inclusive golf program. Like other recreational programs, this program becomes a scheduled offering of the community based program (e.g. Parks/Rec., Y's, Girls/Boys Clubs, etc.)	Short term (1-2 weeks) offered as an inclusive golf program at different times of year, e.g. summer camp; school break camp, after school camp	Individuals with disabilities included in existing community golf program such as junior golf, Girls Golf, First Tee, etc.
What it includes			
Golf Lessons	Orientation to the Game; Readiness to Play; Putting; Short Game; Full Swing; Playing Lesson	Orientation to the Game; Readiness to Play; Putting; Short Game; Full Swing; Playing Lesson (Compressed)	Teaching program currently being used by the Partner Agency
Inclusion Activities	At least one for each lesson	At least one for each lesson	At least one for each lesson
Alliance Provides			
Technical Support	Identification of Community Resources	Identification of Community Resources	Identification of Community Resources
Resources	Identification of local teaching and adaptive equipment resources	Identification of local teaching and adaptive equipment resources	Identification of local teaching and adaptive equipment resources
Training	Training for Agency Staff in GAIN™ including working with people with disabilities and teaching demonstrations	Training for Agency Staff in GAIN™ including working with people with disabilities and/or and teaching demonstrations	Training for Agency Staff in GAIN™ including working with people with disabilities
Funding Support	Matching grants up to \$25,000 (Year 1); \$10,000 (Year 2); \$5,000 (Year 3)	Matching Grants up to \$7500 per camp (Year 1); \$2500 per camp (Year 2)	\$50 per individual with disability(s) included in program
Agency Provides			
Funding Support	Cash and/or In-Kind Match (1:1 match in second Year)	Cash and/or In-Kind Match (1:1 match in second Year)	
Commitment	Commitment to sustain program	Commitment to sustain program or move to Community GAIN program	