

# National Alliance for Accessible Golf: 2023 Grant Final Report

The mission of the National Alliance for Accessible Golf is to increase participation of people with disabilities in the game of golf

As a grant recipient, and per the Terms and Conditions you accepted as part of your grant application and grant approval, the Alliance requests you complete this on-line form within 30 days of the end of your program.

The vast majority of questions are short, quick answers and are aligned with the program projections you submitted with your application, but we would encourage you to review this at the start of your program to prepare to capture the data we will ask you to submit.

Should you have any questions, you may reach out to our Executive Director at the email below.

The collection of data regarding participation is critical to a better understanding of the participation levels of individuals with disabilities in the game of golf.

Thank you for what you are doing to support inclusion in the game of golf for individuals with disabilities.

Regards,

Dave Barton, PGA  
Executive Director  
National Alliance for Accessible Golf  
[davebarton@accessgolf.org](mailto:davebarton@accessgolf.org)

\* Required



## Organization Information

1. Date Form Submitted (If updating, please use NEW date) \*

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*Example: January 7, 2019*

2. Organization Name (Official/Legal Name) \*

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3. Organization Tax ID # \*

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4. Name of Program \*

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5. Organizational Website - URL \*

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6. Primary Contact \*

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7. Contact Title \*

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8. Contact Email \*

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9. Contact Business Phone # \*

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10. Contact Mobile Phone # \*

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11. Mailing Address (Street) \*

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12. City \*

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13. State \*

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14. Zip Code \*

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Financial  
Information

Please provide the following information regarding program finances related to this particular Alliance grant only.

15. Program Start Date \*

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*Example: January 7, 2019*

## 16. Program End Date \*

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*Example: January 7, 2019*

## 17. Amount of your Alliance grant? \*

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## 18. Did the Alliance grant serve as your total budget for the program? \*

*Mark only one oval.*

☐ Yes

☐ No

## 19. If you answered "no" to the above question, what % of your total expense budget did the Alliance grant comprise?

*Mark only one oval.*

☐ < 10%

☐ 11-20%

☐ 21-30%

☐ 31-40%

☐ 41-50%

☐ 51-60%

☐ 61-70%

☐ 71-80%

☐ 81-90%

☐ 91-99%

20. Did you expend 100% of your Alliance grant on this program? \*

*Mark only one oval.*

☐ Yes

☐ No

21. Per Alliance Terms and Conditions, "any part of the grant funds not used by the end of the grant period must be returned promptly to the Alliance." If you answered "no" to the above questions, please indicate the value of Alliance grant funds remaining and your specific intentions to use these funds towards program objectives and by what date. \*

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22. Please enter total Budgeted vs Actual EXPENSES (Budget/Actual) for the program. \*

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23. Please enter total Budgeted vs Actual REVENUES (Budget/Actual) for the program. Revenues include sources of funds to operate the program, including the Alliance grant. \*

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24. Please enter total Budgeted vs Actual "In-Kind Contributions" (Budget/Actual) for the program. Enter "zero" if not applicable \*

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25. Please explain in detail the differences between budgeted and/or projected Expenses, Revenues or In-Kind Contributions versus actuals. \*

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26. Please select any items where Alliance grant funds were utilized. \*

*Check all that apply.*

- ☐ PGA/LPGA Professional Instruction
- ☐ PGA/LPGA Apprentice Instruction
- ☐ Other Instruction
- ☐ Program/course/curriculum development
- ☐ Golf Course Access (Playing, Cart Fees, etc)
- ☐ Driving Range Access
- ☐ Golf Equipment Purchase (golf bags, clubs, balls)
- ☐ Golf Equipment Rental (golf bags, clubs, balls)
- ☐ Transportation to/from program activities
- ☐ Inclusion activities directly related to the program, or in support of the program

27. Were Alliance grant funds used for any expenditures beyond those listed in the previous question? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

28. If you answered "yes" to the above question, please explain.

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29. How much did you spend (on average) per hour for golf instructors? Please select \*  
one value and a qualifier if applicable.

*Check all that apply.*

- ☐ \$29 or less per hour
- ☐ \$30 - \$39 per hour
- ☐ \$40 - \$49 per hour
- ☐ \$50 - 59 per hour
- ☐ \$60 - \$69 per hour
- ☐ \$70 or more per hour
- ☐ We did not have qualified golf instructors
- ☐ We had qualified instructors, but they volunteered their time
- ☐ We had qualified instructors, but other donations paid for their time

30. How much did you spend (on average) for a participant to play golf on a golf \*  
course as part of your program? Please select one value and a qualifier if  
applicable

*Check all that apply.*

- ☐ \$25 or less
- ☐ \$26 - \$35
- ☐ \$36 - \$45
- ☐ \$46 - \$55
- ☐ \$56 - \$65
- ☐ \$66 or more
- ☐ On course play was not part of our program
- ☐ On course play fees selected above were donated

31. What was the average range fee per visit for a program participant? Please select one value and a qualifier if applicable. \*

*Check all that apply.*

- ☐ \$10 or less
- ☐ \$11 - \$20
- ☐ \$21 - \$30
- ☐ \$30 or more
- ☐ Qualifier - Did not have access to a driving range
- ☐ Qualifier - Program was conducted in a park setting, not a driving range
- ☐ Qualifier - Range fees selected above were donated

32. How much did you spend (on average) per participant for transportation to and/or from a single program event? Please select one value and a qualifier if applicable. \*

*Check all that apply.*

- ☐ \$10 or less
- ☐ \$11 - \$20
- ☐ \$21- \$30
- ☐ \$30 or more
- ☐ Qualifier - Our program did not provide transportation
- ☐ Qualifier - Transportation fees selected above were donated

### Staff Preparation & Training

The purpose of this section is to better understand your level of preparation for staff and volunteers for this program, and to assist you in developing improved processes for future programs.

33. Was staff and volunteer training completed prior to the start of your program? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No



34. Please describe your staff and volunteer training process (hours, objectives, etc). \*

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35. How many qualified golf instructors were part of the program? \*

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36. Of your golf instructors, how many were ADM (American Development Model) certified? \*

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37. Of your golf instructors, how many were PGA or PGA Apprentice? \*

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38. Of your golf instructors, how many were LPGA or LPGA Apprentice? \*

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39. Of your golf instructors, how many were certified via another golf instructor certification program, such as USGTF? \*

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40. Of your golf instructors, how many were First Tee Coaches? \*

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41. Of your golf instructors, how many possessed no golf instructor certification? \*

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42. How many therapeutic professionals were directly involved in the program on a regular basis? \*

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43. How many volunteers were part of the program? \*

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44. Please select any of the following components that were part of your staff and/or volunteer training. \*

*Check all that apply.*

- ☐ Types of Disabilities
- ☐ Disability Awareness - working with individuals with disabilities
- ☐ Person First Terminology
- ☐ Accessibility versus Inclusion
- ☐ Use of Adaptive Equipment
- ☐ Golf Etiquette
- ☐ Golf Skills
- ☐ Pace of Play
- ☐ Safety
- ☐ First Aid
- ☐ CPR

45. What other areas of training were covered not identified in the previous question? \*

46. Please summarize who provided the training to staff and volunteers, as well as their credentials and affiliation to the program. \*

47. What lessons did you learn, or what would you consider doing differently regarding staff and/or volunteer training for future programs to improve? \*

Participants  
Served

This section will compare your projected participation levels from your grant application to actual participation.

48. Please identify total Projected vs Actual participants in your program (Projected/Actual). \*

49. Please identify total Projected vs Actual participants with disabilities in your program (Projected/Actual). \*

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50. Please identify total Projected vs Actual participants without disabilities in your program (Projected/Actual). \*

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Participant  
Demographics

The next series of questions addresses participant demographics.  
If none, please enter "0" (zero).

51. # of Male participants? \*

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52. # of Female participants? \*

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53. # of participants with a Physical Disability and/or Mobility Impairment? \*

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54. # of participants with a Developmental/Cognitive Disability and/or Autism Spectrum Disorder? \*

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55. # of participants with a Vision and/or Hearing Impairment? \*

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56. Ages: # participants age (6) and below? \*

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57. Ages: # participants under ages (7-9)? \*

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58. Ages: # of participants ages (10-13)? \*

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59. Ages: # of participants ages (14-18)? \*

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60. Ages: # of participants over age (18)? \*

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Golf  
Background  
of  
Participants

The next series of questions addresses the golf experience of program participants. If none, please enter "0" (zero).

61. # of participants with no previous exposure to golf? \*

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62. # of participants with a BEGINNER level of skill, but this program is not their first exposure to golf? \*

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63. # of participants with an INTERMEDIATE level of skill (have played on a golf course, understand basic etiquette, pace of play, rules, etc.)? \*

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64. # of participants with an ADVANCED level of skill and golf experience (can play unsupervised, possible tournament experience, maintain a handicap, etc.)? \*

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#### Ethnicity

The purpose of this section is to gain an understanding of the ethnic diversity in your program.

65. # of African Americans? \*

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66. # of American Indians/Alaska Natives? \*

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67. # of Asian/Pacific Islanders? \*

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68. # of Caucasians? \*

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69. # of Hispanics? \*

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70. # of Other? \*

Program  
Implementation

The purpose of this section is to better understand program sessions, hours, locations and fees.

71. How many sessions were available to each participant during the program? \*

72. How many minutes, or hours did each session last? \*

73. How many times did the average participant get to play on a golf course as part of the grant funded program? Enter "0" if the program did not include on course play. \*

74. Were the majority of these rounds 9, 18, or less than 9 holes? \*

*Mark only one oval.*

☐ < than 9 holes

☐ 9 holes

☐ 18 holes

75. How many total rounds of golf on a course do you believe participants played outside of the grant funded program? \*

76. How many times did the average participant get to use the driving range? Enter "0" \*  
if the program did not include a golf course driving range.

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77. Did any participants have to personally pay any fees to participate? \*

*Mark only one oval.*

☐ Yes

☐ No

78. If you answered "yes" to the above question, how much did a participant have to \*  
pay and for what activities?

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79. If your program required fees to participate, were any participants provided \*  
scholarships from other sources?

*Mark only one oval.*

☐ Yes

☐ No

☐ Not Applicable

80. If you answered "yes" to scholarships, please indicate how many were provided,  
otherwise, skip.

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81. What was the typical ratio between qualified golf instructors and students (do not include volunteers)? \*

*Mark only one oval.*

- ☐ 1:1
- ☐ 1:2
- ☐ 1:3
- ☐ 1:4
- ☐ 1:5
- ☐ 1:6
- ☐ 1:7
- ☐ 1:8
- ☐ Greater than 1:8

**Summary  
of Inclusive  
Activities  
and  
Therapeutic  
Benefits**

The purpose of this section is to understand what inclusive activities were part of your program and the benefits you saw with your participants. Please include specific golf program activities AND non-golf related events or activities that such as mini-golf, visits to golf equipment stores, group icebreaker activities, pizza parties, etc. that contributed to an inclusive experience. Include below a brief summary of the activity, # of participants (program or non-program participants), cost of the activity, and if costs were offset by donations, or discounted by the provider.

82. I. Inclusive Activity, # of program and non-program participants, activity cost, and if costs were offset by donations, or discounted by the provider. Write "none" if "none". \*

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83. II. Inclusive Activity, # of program and non-program participants, activity cost, and \*  
if costs were offset by donations, or discounted by the provider. Write "none" if  
"none".

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84. III. Inclusive Activity, # of program and non-program participants, activity cost, and \*  
if costs were offset by donations, or discounted by the provider. Write "none" if  
"none".

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85. IV. Inclusive Activity, # of program and non-program participants, activity cost, and \*  
if costs were offset by donations, or discounted by the provider. Write "none" if  
"none".

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86. What "Physical" therapeutic benefits did your participants achieve? Please be as specific as possible. \*

87. What "Social" therapeutic benefits did your participants achieve. Please be as specific as possible. \*

88. What "Emotional" therapeutic benefits did your participants achieve? Please be as specific as possible. \*

89. What additional therapeutic benefits did your program achieve that were not captured in the above questions? \*

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90. What "Physical" therapeutic benefits to participants did your program achieve to include, but not limited to 1) Physical, 2) Social, and 3) Emotional. Please be specific related to each category.

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#### Evaluation

The purpose of this section is to understand your program evaluation and or measurement methods to help facilitate program success and sustainment.

91. Did your program formally measure the impact of the program on the participants? \*

*Mark only one oval.*

☐ Yes

☐ No

92. If you answered "yes" above, please describe the results/significant findings or outcomes of your evaluations and/or measurements? (such as examples of impact on individuals, families, etc).

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93. In what way did your organization collaborate with local golf organizations such as area state or regional golf associations, junior golf associations, PGA/LPGA sections, or other community recreation and rehabilitation organizations? Please identify all collaborations.

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94. We believe golf can be a significant factor in the health and wellness of participants. Please cite examples of how this grant has added to the health and wellness of participants.

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95. Have you forwarded any photos or stories to the Alliance to use in our social media and overall media efforts? If not, we would greatly appreciate it! Stories on your program, or an individual, or both will help us generate awareness of not only your program success, but also help us get the word out about the Alliance as a resource. Thank you! \*

*Mark only one oval.*

- ☐ No
- ☐ They are on their way!

96. In what ways has the Alliance support made an impact on your program? Where can we improve in our support to programs such as yours? \*

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97. Please use the space below to provide any additional feedback to the National Alliance grant application and award process. \*

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Attestation & Electronic Signature

I hereby attest that I am an authorized representative of the organization submitting this Final Report to the National Alliance for Accessible Golf for consideration. I understand it is possible I may be asked to provide additional information or clarifications related to this report. By entering my name and date electronically below, I acknowledge the program addressed in this report is complete and all Alliance grant funds have been expended towards this program or, we have provided information in the report indicating any funds remaining and specifically how they will be used. Thank you.

98. Full Name and Date of individual completing the Final Report. \*

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