

# National Alliance for Accessible Golf: Grant Application

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

Formed in the summer of 2001, the National Alliance is represented by major golf, recreation and therapeutic organizations in the United States; organizations that provide services for people with disabilities; and others who advocate for the inclusion of people with disabilities into society.

Through golf, individuals with disabilities become actively engaged in the social fabric of a community, and derive health benefits that improve quality of life. The National Alliance headquarters is located in Jupiter, FL, and is governed by a Board of Directors representing those organizations instrumental in forming the National Alliance and administered by an Executive Director.

We appreciate your organizational interest applying for a grant to help your program achieve your mission. Upon receipt of your grant application we will review it and provide a grant decision within XX weeks. Our determination of grant eligibility will be based upon the contributions your program can make to your community and as it supports the Alliance mission as a whole.

Please complete your Grant Budget prior to filling out this application and submit the budget via email when you submit this online form.

Please complete all sections as thoroughly as possible. If you need additional space to provide documentation to support your grant application, please include that as an additional attachment and reference the application area/question to which the information supports.

Our on-line form for grant applications closely mirrors the questions you will be asked to complete via a Grant Final Report form within 30 days of your program completion should you be approved for a grant. Should you be approved, the Alliance will provide you with a PDF of the Final Report Form with your Award Letter as an advisory. The Grant Final Report will be completed via a link you will receive to complete the form on-line.

This form will provide you the opportunity to include all program information and financial projections we require. Should you need to provide any additional, or amplifying information, please provide an additional attachment to [davebarton@accessgolf.org](mailto:davebarton@accessgolf.org) AND [grobb@indiana.edu](mailto:grobb@indiana.edu), our Alliance grant consultant.

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)

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\* Required

1. Email \*

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Your submission of this application and electronic signature indicates your acceptance of these Terms and Conditions.

**TAX EXEMPT STATUS.** You do hereby certify that you are a non-profit organization currently recognized by the Internal Revenue Service as a public charity under Sections 501(c)(3) and 509(a) of the Internal Revenue Code of 1986, as amended (hereinafter the Code). You further certify that such status has not been revoked, amended or changed in any manner since the issuance of your IRS determination letter, a copy of which has been provided to the Alliance, nor is there any issue presently before any office of the IRS concerning any change in your status.

**\*\*Should you be unable to certify your organization as a public charity under IRS regulations, you will be expected to clarify your organizational status prior to submitting a grant application.**

**USE OF GRANT.** Any part of the grant funds not used by the end of the grant period must be returned promptly to the ALLIANCE. You acknowledge that the ALLIANCE has not earmarked the use of the grant funds or any portion thereof for another organization, an individual or any lobbying activity.

**FINAL REPORT.** The ALLIANCE will require that you submit a final report on the use of the grant by the date specified in the grant award letter. This report should be submitted on the form provided via e-mail to [davebarton@accessgolf.org](mailto:davebarton@accessgolf.org) Feel free to provide any other information you feel would be relevant in allowing ALLIANCE to evaluate the grant.

**ALLIANCE RECOGNITION and AUTHORIZATIONS.**

You will provide appropriate recognition of the ALLIANCE's support of your organization, program, and/or project. Logos and other assistance in this area can be obtained from the ALLIANCE. The Alliance LOGO's or other materials are not allowed without the express written approval from the Alliance. This award does not imply any relationship with the grantee other than the Grantor-Grantee

**REQUIRED NOTIFICATION.** You are required to provide the ALLIANCE with immediate written notification in the event of: (a) an inability to expend the grant for the intended purposes; (b) any expenditure made from this grant for any purpose other than those for which the grant was intended or (c) any change in the "Contact Name" listed on the application.

**PAYMENT OF GRANT.** The payment of this grant will be in accordance with the schedule specified in the grant award letter. All payments and related correspondence will be sent to the individual designated in

National  
Alliance  
for  
Accessible  
Golf  
Grants:  
General  
Terms &  
Conditions

the below application. Please note, grant payments may be paid in total, or in installments, pending the specifics of the application and amount requested.

**GRANT EVALUATION.** You will exercise full control over the administration, management, and any subsequent disbursement of funds through this grant. The ALLIANCE's role will consist of reasonable oversight to allow for the proper evaluation of this grant. You agree to permit the ALLIANCE, at its request, to have reasonable access to all files, records, and personnel necessary to make such financial audits, verifications or program evaluations as may be necessary or appropriate. In addition, you agree to maintain such records as this will permit the ALLIANCE to easily check use of grant funds and to keep these records for at least two years after the final report is submitted.

**MODIFICATION.** This grant agreement sets forth all of the terms of this grant and replaces all prior understandings and agreements. The purposes, terms and conditions of this grant award may not be changed or modified without the express written consent of ALLIANCE.

**RELIANCE ON FUTURE FUNDING.** You acknowledge that neither the ALLIANCE nor its representatives have made any actual or implied promise of funding beyond the amounts specified in the grant award letter. This includes any obligation to provide continued support for this or any other project.

**GOVERNING LAW.** All questions of law that may arise in the administration of this grant shall be determined in accordance with the laws of the State of Florida.

**PHOTOGRAPHY RIGHTS.** For good and valuable consideration, receipt of which is hereby acknowledged, you hereby give irrevocable consent for photographs delivered to the ALLIANCE under this Agreement (the "Photographs") to be used, copied and published by the ALLIANCE, its successors and assigns, in whole or in part, without personal indemnification for illustration, trade, advertising, marketing and promotion of the ALLIANCE, in any medium whatsoever. You hereby represent and warrant that you have obtained all necessary third party consents in respect of copyright law and any other rights, including but not limited to the rights of the photographer, and any individual rights, rights of privacy, name and likeness, etc., with respect to the Photographs. You shall indemnify and hold the ALLIANCE and successors and assigns harmless from and against any and all claims, damages, costs and expenses, including reasonable attorney's fees, arising out of or in any way connected with any claim that the Photographs or the use of the Photographs infringes any intellectual property rights or other rights of any third

...rights or intellectual property rights or other rights of any third party.

AUTHORITY. The undersigned represents that he/she is a duly authorized representative of the Grantee and as such is empowered to accept this grant on behalf of the Grantee and to obligate the Grantee to observe all the terms and conditions of the grant.

### Organization Information

2. Date of Application

\_\_\_\_\_  
*Example: January 7, 2019*

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

\_\_\_\_\_

4. Organization Tax ID # \*

\_\_\_\_\_

5. Name of Program \*

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6. Organizational Website - URL \*

\_\_\_\_\_

7. Primary Contact \*

\_\_\_\_\_

8. Contact Title \*

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9. Contact Email \*

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10. Contact Business Phone # \*

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11. Contact Mobile Phone # \*

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12. Mailing Address (Street) \*

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13. City \*

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14. State \*

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15. Zip Code \*

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16. Should you be approved for a Grant, please clearly state to whom the grant fund payment (check) should be made and the mailing address (if different from above). \*

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17. Is the organization seeking a grant as a 501(c)(3), 509(a), or governmental entity? \*

*Check all that apply.*

- 501(c)(3)
- 509(a)
- Government Entity
- Other

18. Please describe your organization as selected above. \*

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19. What year was your organization founded? \*

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20. What year was your golf program founded? \*

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- 21. Please describe your relationship(s) with local golf organizations, including area state or regional golf associations, PGA of America Sections and others such as school and/or college golf programs. \*

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Program Leadership

- 22. Does your organization have a Board of Directors or other governing body? \*

Mark only one oval.

- Yes
- No
- N/A

- 23. If you answered yes to the above, please describe how often the group meets and what active roles members take within the organization (e.g. fundraising, program support, administrative support). Otherwise, simply enter "N/A" \*

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24. Program Administrator: Who provides administrative oversight for your program on a daily basis? Please provide name, email & phone number. \*

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25. Please provide a brief description of Program Administrator's background, including any relevant experience with the game of golf, working with individuals with disabilities, or implementation of similar programs. \*

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26. Program Finance Manager: Who provides day-to-day oversight of the program's finances? Please provide name, email & phone number. \*

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27. Please provide a brief description of the Program Finance Manager's qualifications and relationship to the program. \*

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28. Program Instruction Lead: Who provides day-to-day oversight of the program's instruction and curriculum? Please provide name, email & phone number. \*

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29. Please provide a brief description of the Program Lead's qualifications and experience with individuals with disabilities. \*

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30. Are there any other individuals, such as volunteers, involved with your program not previously listed who have significant experience working with people with disabilities? Please list these individuals and describe their credentials and role(s) within the program. \*

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31. Does your organization directly provide training for instructors, volunteers and others in a) working with people with disabilities and b) inclusive programming? \*

*Mark only one oval.*

Yes

No

32. Please explain your program's involvement and/or access to training instructors, volunteers and others that contribute to your program \*

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Program Specific Questions

33. What is your organization's charitable mission and/or vision? \*

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34. What are the specific goals/objectives for your organization? \*

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35. How does the golf program fit into your organizational mission and vision and what impacts do you hope to have on participants? \*

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36. How will your organization formally measure program success and track participation? \*

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37. How will your golf program promote inclusion and further engagement with the community? \*

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38. What therapeutic benefits to participants do you expect your program to 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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**Program and Participant Information**

39. Proposed START date of program a grant would support? \*

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*Example: January 7, 2019*

40. Proposed END date of program a grant would support? \*

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*Example: January 7, 2019*

41. Is your program currently, or envisioned as seasonal, or year round? Please check all that apply. \*

*Check all that apply.*

- Spring
- Summer
- Fall
- Winter

42. What geographic area is served, or will be served by your program (city, cities, state(s), region, etc)? \*

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43. How many TOTAL individual participants will your serve in your program, whether with a disability, or not? \*

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44. Of the above TOTAL how many projected participants are without disabilities? \*

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45. Of the above TOTAL how many projected participants will have disabilities? \*

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46. Please select the categories of disabilities and/or impairment your program will serve. Select any that are applicable, \*

*Check all that apply.*

- Physical Disability and/or Mobility Impairment
- Developmental/Cognitive Disability and/or Autism Spectrum Disorder
- Vision and/or Hearing Impairment

47. What are the ages of your program participants (please select all that apply)? \*

*Check all that apply.*

- 6 and below
- 7-9
- 10-13
- 14-18
- 18 and above (adults)

48. What is the projected Socio-Economic background of your participants (please select all that apply)? \*

*Check all that apply.*

- Household income less than \$25,000  
 Household income \$25,001 - \$50,000  
 Household income \$50,001 to \$75,000  
 Household income greater than \$75,000

49. Please select the demographics below which your program will serve? \*

*Check all that apply.*

- Youth  
 Adult  
 Veterans

#### Budget - Financial Information

50. Amount of Grant you are requesting? \*

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51. If approved, will an Alliance grant serve as your total budget for expenses for the program? \*

*Mark only one oval.*

- Yes  
 No

52. If you answered "no" to the above question, what percentage of your total expense budget is the Alliance grant envisioned to cover?

*Mark only one oval.*

- <10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-99%

53. Please indicate the value and source of any grants you have received, or expect to receive for the period of performance related to this grant request. \*

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54. Please enter total budgeted EXPENSES for the program. \*

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55. Please enter total budgeted REVENUES for the program. \*

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- 56. Please enter the total budgeted value of total projected "IN-KIND CONTRIBUTIONS" for the program. In-Kind Contributions include donations in lieu of money to facilitate program success, which could include, but not limited, rounds of golf, range time, transportation, etc. \*

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### Program Execution Details

- 57. Please outline your Lesson Plan (daily/weekly schedule, activities, structure. Attach additional pages if necessary. \*

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- 58. Please identify the type, or types of facilities where your program will be conducted: \*

*Check all that apply.*

- Driving Range and/or Golf Practice Area
- Golf Course
- Park
- School
- Therapeutic Facility
- Indoors
- Outdoors
- Other: \_\_\_\_\_

59. Please identify any items where Alliance Grant funds are expected to be 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, etc)
- Transportation to/from program activities
- Inclusion activities directly related to the program, or in support of the program
- Other

60. If you selected "Other" above, please identify items not listed where Alliance funds would be used.

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61. What is your projected "instructor to student" ratio? \*

*Mark only one oval.*

- 1:4 or less
- 1:5 to 1:8
- 1:9 or greater

62. Please list all instructors, qualifications, and completed training related to instructing golfers with disabilities? \*

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63. Please identify any instructors who have completed the American Development Model (ADM) training via PGA Coach, or have completed this training elsewhere? \*

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64. Please identify any therapeutic specialists involved in your program and their credentials. \*

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65. Please explain any additional assistance, including volunteers, you may have beyond qualified golf instructors and therapeutic specialists to help conduct your program, \*

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66. What opportunities do you provide for participants to play golf beyond your formal programming? \*

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67. As a follow up to the question above, please describe the types of golf courses that will be available to your participants to play golf in your area? \*

*Check all that apply.*

- Public and/or Semi-Private, Non-municipal or Government
- Municipal (city, county, state)
- Government (i.e. military base)
- Private

68. What is the projected average cost for a participant to play golf as part of your program, or as an extension of your program? \*

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69. How will your organization track on-course play from your participants as part of your program, or an extension of your program? \*

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70. Will your program educate participants on the USGA Rules of Golf and the Modified Rules of Golf, pace of play, and etiquette? \*

*Mark only one oval.*

Yes

No

71. Is transportation a barrier to a participant's ability to participate in your program? \*

*Mark only one oval.*

Yes

No

72. If transportation is a barrier, please explain what steps you are taking, or will take to remove this barrier? If this does not apply, simply answer "N/A". \*

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73. Please identify other components of your program to help us better understand your program's strengths and unique qualities, such as: \*

*Check all that apply.*

- Life Skill Development
- Occupational Skill Development
- Other Inclusion Activities (not involving golf)
- Mentoring
- Volunteer Support
- Other elements outside of golf

74. Please provide supporting detail to the above question related to other program components. Attach additional pages if necessary. \*

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**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.

75. Please select any of the following components that will be 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 Golf Equipment
- Golf Etiquette
- Golf Skills
- Pace of Play
- Safety
- First Aid
- CPR
- No

76. If not listed above, what other areas do you intend to train your program instructors and volunteers to be knowledgeable in? \*

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77. Related to the above two questions, please be as specific as you can be related to number of hours and who will be getting the training? \*

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**Resource Development - Fundraising**

78. What is your organization’s fundraising plan for the period for which you are seeking a grant? \*

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79. If a grant is provided, how does your organization intend to sustain your program through local support after National Alliance grant funds are no longer available? \*

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\_\_\_\_\_

**Attestation & Electronic Signature**

I hereby attest that I am an authorized representative of the organization submitting this grant proposal to the National Alliance for Accessible Golf for consideration. I understand it is possible I will be asked to provide additional information about this proposal and agree to submit that information, as requested, in a timely manner. I also agree, if a grant is awarded, whether total or partial funding per our request, to submit end of program participation data to the Alliance within 30 days. By entering my name and date electronically below, I acknowledge the Alliance Grant Terms and Conditions and understand the awarding of grants is in no way guaranteed by the Alliance, nor is a denial an indicator that future grants would not be possible, and accept the above requirements. Thank you.

80. Full Name and Date of individual completing the grant application:

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