



Dear Prospective Grant Recipient:

Thank you for requesting a grant from the Challenged Athletes Foundation® (CAF). **Please read this two page letter carefully as it outlines the requirements each applicant must meet to be considered for funding from CAF.** It is the mission of CAF to provide you the opportunities and support you need to reach your goals, big or small. It is our goal to distribute meaningful grants that will make a difference in your pursuit of physical fitness and sports.

CAF offers **three** different grant categories that you can apply for possible funding. Each person may submit **ONLY ONE** request in **ONLY ONE** of the following categories:

- 1. Equipment grant**
- 2. Training grant**
- 3. Competition or Travel grant**

Please be sure to fill out the application exactly as instructed, including financial statements and all necessary documentation. Your grant request must be **postmarked by Dec 1st, 2012** in order to be considered for a 2013 grant. ALL grant requests **postmarked** after that date will be put on a **wait list** and only be considered if funds are available for the 2013 grant distribution. If funds are not available you will need to reapply for the next grant period in September 2013.

If you are a past grant recipient, you must have completed all the requirements from your previous grant to be eligible for another CAF grant (i.e. receipts from previous CAF grants). **If in 2012 you received an equipment grant, you will not be eligible to apply for a 2013 or 2014 equipment grant as they are considered three year grants except for applicants up to the age of 16 yrs. (two year grants).**

When considering your request please think of the following:

- If you are asking for equipment, do your homework, **research specifications on the Internet with the manufacturers (www.highperformancemobility.com)**, talk with coaches and fellow team members to research what kind of equipment is right for you. However, CAF reserves the right to award an equipment grant from a different manufacturer than requested.
- **Please note that equipment grants will match your athletic endeavors and accomplishments.** If you are at a recreational level of play, you will be awarded a recreational valued equipment grant. The maximum amount you can apply for is \$5000.00 which applies to training or travel/competition and equipment grants. However, CAF reserves the right to award a partial grant due to the number of grant applicants.
- You must have been participating in your sport for **at least 6 months** or have a recommendation from a coach to be eligible for a CAF equipment grant.
- **Items such as a handcycle, monoski, sports wheelchair (rugby, basketball, etc) or prosthetics are considered 3 year grants.**

NOTE: CAF distributes ALL wheelchair sports/handcycle/racing chair sport equipment grants through vouchers redeemable at the CAF selected distributor. If you receive a wheelchair sport grant voucher, you **MUST** go through our distributor to redeem it. **Cash reimbursement for equipment grants are not given for these items.** Also, if you received a 2012 equipment grant,

you will not be eligible for a CAF equipment grant in 2013 or 2014; equipment grants are NOW considered 3 year grants.

Please note: You will receive an email from the CAF office verifying we received your application and informing you of any missing information. If you don't receive an email by January 3rd, 2013, please call the office at 858-866-0959

The following information is mandatory to include with your application.

Note: *submitted materials, photos, news clippings, etc. will not be returned.*

- **PROOF OF INCOME:** Please attach documents to the financial statement on pg. #4
- **REFERENCE LETTERS:** Include two letters of reference along with phone numbers.
 - One letter must come from a **physician** verifying your qualifying physical challenge.
 - The other must be from a fellow athlete, peer, physical therapist, family member, teacher or coach.
- **Your UPDATED biography or story:** 1-3 paragraphs about yourself. Include how you came to be in your current situation and your fitness goals.
- If you have competed in your sport before, please let us know your updated results.
- If you have been a **past CAF grantee please submit a letter stating how the grant has benefited you.**
- A photo of yourself, preferably in your sport or at play
- **(Optional)** Other printed press clippings **(NO videotapes, CDs, or DVDs please)**
- Please **DO NOT** Submit binders or bulky folders.
- **FAXED SUBMISSIONS WILL NOT BE CONSIDERED – APPLICATIONS MUST BE MAILED WITH ALL MANDATORY ITEMS IN ONE PACKET, THEY CANNOT ARRIVE SEPARATELY.**
- Your grant request **MUST** be **postmarked by Dec 1st 2012** in order to be considered for a **2013 grant.** **ALL** grant requests postmarked after that date will be put on a **wait list** and only be considered if funds are available for the **2013 grant distribution.** If funds are not available you will need to reapply for the next grant period in September 2013.

CAF considers the following criteria when evaluating each grant application:

- CAF funds those with physical disabilities and uses the same qualifying criteria set forth by the Paralympic committee for a recognized physical disability. Disability classifications are amputee, blindness, spinal cord injury, muscular dystrophy, multiple sclerosis, polio, spina bifida, cerebral palsy and les autres. More information on disability classification can be found at <http://www.paralympic.org>
- Financial need (Income is a major factor in determining eligibility. Only those with the greatest needs will be granted)
- Motivation of grant applicant – fitness goals
- Effort of grant application – include all information so we can evaluate fairly
- Volunteer & Community work
- Support of CAF – previous or future efforts

If approved for a grant, you will be required to do the following:

- Return a signed letter of agreement.
- Use your grant for the purpose it was approved.
- Submit a receipt to prove the funds were used for the purpose it was approved. ***This excludes wheelchair sports/handcycle/racing chair sport equipment as we receive the receipt directly from our distributor.***
- Follow-up with CAF in regards to your results and accomplishments in relation to this grant.
- Represent CAF and its mission in a positive manner.

Please send your **COMPLETED** grant application and **ALL** mandatory attachments to:

Challenged Athletes Foundation/Grants
9591 Waples Street
San Diego, CA 92121

You will be **notified by US mail AFTER the first week of April 2013** if you have been selected to receive a grant from the Challenged Athletes Foundation. For Questions please call JulieAnne White at (858) 210.3506 direct line or our main office line 858.866.0959.

Sincerely,

JulieAnne White
Access for Athletes Program Manager (Grants)



GRANT APPLICATION 2013

DEADLINE: MUST be postmarked by DECEMBER 1st, 2012

PLEASE PRINT LEGIBLY

Applicant Information

First: _____ Last: _____

Address: (line one) _____

City: _____ State: _____ Postal code: _____

(NY, CA, etc.)

Country: _____ Date of Birth: _____ (mm/dd/yyyy)

Daytime Phone: (____) _____ E-Mail: _____

(CAF communicates regularly via e-mail. If you do not have e-mail, please write "No email")

Gender: Male Female Ethnicity (optional) Please check one:
White Hispanic Black Native American Indian Asian Other _____

Other Information

Military

Did you serve in the military and, if so, which branch?

USMC USCG NAVY ARMY USAF National Guard

Are you currently on active duty? Yes/No

Did any of your parents serve in the military and, if so, which branch?

USMC USCG NAVY ARMY USAF National Guard

Law Enforcement

Are you a former/current public safety employee? Yes/No

If yes, in what category of public safety did/do you serve?

Police Fire Paramedic Federal Law Enforcement Border Patrol

Were you injured on the job? Yes/No

Challenged Athletes Foundation Information

How did you find out about the CAF? (please specify from whom/what) _____

How many years have you been funded through CAF? _____

If you are a past CAF grant recipient, what year did you receive your last grant? _____

Please submit a letter if past CAF grant recipient explaining how the grant benefited you.

If you are a past CAF grant recipient, how much was your last CAF grant for? _____

*circle item and give \$US dollar amount: equipment travel expenses training other _____

Mandatory Information to be Included with Application

The following information is mandatory in order to process your application:

Note: materials will not be returned.

1. **REFERENCE LETTERS:** Include two letters of reference along with phone numbers. One letter must come from a physician verifying your qualifying physical challenge. The other must be from a fellow athlete, peer, physical therapist, family member, teacher or coach.

REFERENCE NAME (of letter attached) SOURCE (coach, teacher, etc.)

1. _____
2. _____

2. Your UPDATED biography or story (1-3 paragraphs about yourself)
3. If you have participated in your sport before, please provide information on this.
4. A photo of yourself, preferably in your sport or at play
5. (Optional) Other printed press clippings (NO videotapes, CDs, or DVDs please)

Disability Information

Your physical disability? (please circle all that apply)

- | | | |
|----------------------|-------------------------|-------------------|
| Amputee, above elbow | Amputee, above knee | Visually Impaired |
| Amputee, below elbow | Amputee, below knee | Cerebral Palsy |
| Polio | Paraplegic | Quadriplegic |
| Spina Bifida | Osteogenesis Imperfecta | Other _____ |

List specific physical disability (optional) _____
(ex: right below knee amputee, T10 Paraplegic)

Date of disability? _____

How did you acquire your physical disability? (Please circle)
Cancer Congenital Trauma Non-Cancer Disease Other _____

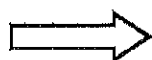
Sports Information

What is your primary sport? Cycling, Running, Triathlon, Track & Field, Volleyball, Alpine Skiing, X-Country Skiing, Tennis, Basketball, Rugby, Swimming, Golf, Hockey, Soccer, Baseball, Equestrian, Skateboarding, Snowboarding, Kayaking, Other _____

How long have you been participating in your sport? _____
You must have been participating in your sport for at least 6 months to be eligible for a CAF equipment grant.

What kind of athlete do you consider yourself? (circle one)
Beginner Intermediate Advanced Elite

Have you competed in the Paralympic games? Yes No
year(s)? _____ sport(s)? _____



Supplemental Information

What is your short-term goal in the sport of your choice?

What is your long-term goal in the sport of your choice?

How will this grant help you to reach your goal?

What is your Motto or words to live by?

Please list any volunteer or community service work you do.

Please list any other cash sponsorships or grants you have received in the last year or expect in 2013.

Waiver and Truth Statement

"Any decision by Challenged Athletes, Inc. (CAF) as to : i) whether or not a grant is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of CAF. By your submission of this grant application to CAF, you agree to be bound by the decision of CAF and indemnify and hold CAF harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of CAF's decision."

CAF uses grantee bios and photos to assist in fundraising efforts to complete our mission. If you do not authorize CAF to use your photos and/or bio please check here. **DO NOT USE MY BIO OR PHOTO(S)** If left unchecked, CAF reserves the right to use your bio and photos.

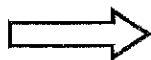
The statements and answers given in this grant application are true and correct. I understand that misstatements in this grant application could cause my application to be denied.

Signature _____ Date _____
If under the age of 18, please have parent or guardian sign this Grant Request

Guardian Name (printed) _____

Guardian Signature _____ Date _____

If you have any questions about the 2013 CAF grant application, please contact JulieAnne White: julianne@challengedathletes.org



CAF Grant Application Financial Statement for 2011/2012 Income

Please check here if you are under 18.

If under 18, please have parent or guardian fill out this form, and submit parent/household income.

You **MUST** provide financial information and proof of income in order to be considered for a grant. Please check which proof of income you are including with this application (copies accepted).

- 2011 Tax Return W-2 Social Security Disability Insurance (SSDI)
 Additionally, please submit copies of your last two paychecks

All information provided is confidential; however, please cross out SSN or personal information.

Annual Gross HOUSEHOLD Income (income before taxes)

Source of Income: please include ALL HOUSEHOLD INCOME (parent, step-parent, spouse, domestic partner, etc.)

Person earning income:	Annual Gross Amount:
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____

(NOTE: Income is a major factor in determining eligibility. Only those with the greatest needs will be approved)

(Total In) Total Annual Gross Household Income \$ _____ **(A)**

Annual household living expenses (Please attach additional information, if necessary)

<u>Living Expenses</u>	<u>Monthly Amount</u>
Rent/Mortgage _____	\$ _____
Loans (car, personal, etc) _____	\$ _____
Childcare _____	\$ _____
Medical _____	\$ _____
Other _____	\$ _____

Number of dependants claimed last year

Total Monthly Living Expense \$ _____ x 12 = Annual Living Expenses \$ _____ **(B)**

(Total Income (A) - Total Expenses (B) = Net Annual Household Income \$ _____

<u>Assets</u> (What do you have in savings or investments)	<u>Amount</u>
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____

Is applicant currently employed? Yes No Who is your employer? _____

Is applicant currently a full-time student? Yes No If yes, where? _____

Do you have special financial circumstances? Yes No Please explain below or attach: _____

Signature of person filling out form: _____ Date: _____

COMPETITION or TRAVEL - Grant Request

ONLY FILL OUT ONE OF THE THREE GRANT REQUESTS

Itemized Cost of Request: please be specific as possible

Example: Item #1 – airfare from San Diego to Boston - \$305.00

Item #2 – registration fee for Boston marathon - \$120.00

Total Request \$425.00

Item #1 _____ \$ _____

Item #2 _____ \$ _____

Item #3 _____ \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

Name of event: _____

Location of event: _____ *Date of event: _____

*Keep in mind that 2013 CAF grants are not distributed until April 2013.

(Please circle which event best describes your competition / travel request):

Travel event

Paralympics

World Championships

National Championships

Travel event

Regional competition

Qualifying competition

General competition

SDTC

Sports Camp

Other _____

What is the sport or physical activity you are requesting a grant for? (Circle one)

Cycling, Running, Triathlon, Track & Field, Alpine Skiing, X-Country Skiing, Tennis,
Basketball, Rugby, Swimming, Golf, Hockey, Soccer, Baseball, Equestrian,
Skateboarding, Snowboarding, Kayaking, Surfing, Sailing, Other _____

NOTE: "Therapy" requests for non-physical ailments, are not funded

CAF often distributes partial funding for grant requests in order to fund more athletes.

Will partial funding allow you to afford your request? Yes No



Remember if you receive a CAF grant, you MUST submit receipts to prove the grant money was used for the approved item.

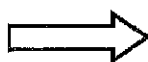
MAIL COMPLETED APPLICATION TO:

Challenged Athletes Foundation

Access for Athletes Grant

9591 Waples Street

San Diego CA 92121



TRAINING - Grant Request

ONLY FILL OUT ONE OF THE THREE GRANT REQUESTS

Itemized Cost of Request: please be as specific as possible

Example: item #1 – swim lessons – 4 lessons @ \$30 each = \$120.00

Item #1 _____ Cost \$ _____

Item #2 _____ Cost \$ _____

Item #3 _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollar)

What is the sport or physical activity you are requesting a grant for? (Circle one)

Cycling, Running, Triathlon, Track & Field, Alpine Skiing, X-Country Skiing, Tennis,
Basketball, Rugby, Swimming, Golf, Hockey, Soccer, Baseball, Equestrian,
Skateboarding, Snowboarding, Kayaking, Surfing, Sailing, Other _____

NOTE: "Therapy" requests for non-physical ailments, are not funded

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Will partial funding allow you to afford your request? Yes No



Remember if you receive a CAF grant, you **MUST** submit receipts to prove the grant money was used for the approved item.

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EQUIPMENT - Grant Request

ONLY FILL OUT ONE OF THE THREE GRANT REQUESTS

Itemized Cost of Request: PLEASE BE AS SPECIFIC AS POSSIBLE

(example: item #1 - Excelsator XLT GOLD - \$3600.00) You are limited to one equipment item. (ie handcycle or racing wheels)

Item _____ Cost \$ _____

Total Grant Request \$ _____
(\$ US Dollars)

NOTE: CAF distributes ALL wheelchair sports/handcycle/racing chair sport equipment grants through vouchers redeemable at the CAF selected distributor. If you receive a voucher you **MUST** go through our distributor to redeem it. Cash reimbursement for equipment grants are not given for these items. Also, if you received a 2012 equipment grant, you will not be eligible for a CAF equipment grant in 2013; equipment grants are now considered 3-year grants beginning with the 2012 grants.

- Please note that equipment value will match your athletic endeavors and accomplishments. If you are at a recreational level of play, you will be awarded a recreational valued equipment grant.
- Also, prosthetic grants are for the prosthetic item only and a minimal amount of the prosthetic company costs (sockets, labor, etc). Therefore, if applying for a prosthetic, please include prosthetic company name, address, telephone number and the name of your prosthetist so we may verify their understanding of the grant. This information needs to be included with the grant so CAF can discuss possible reduced costs with your prosthetist. Prosthetics are limited to non-bionic sports prosthesis – mechanical only.
- You must have been participating in your sport for at least 6 months to be eligible for a CAF equipment grant.

(Please check which best describes your equipment request):

Sports equipment	Racing wheelchair
Tennis chair	Basketball chair
Rugby chair	Off-Road chair
Prosthetic Sports Foot	Monoski
Prosthetic Sports Knee – mechanical only	Road / Mtn / Tri Bicycle
Prosthetic Sports Arm	Handcycle
Racing Wheels	Other _____

What is the sport or physical activity you are requesting a grant for? (Circle one)

Cycling, Running, Triathlon, Track & Field, Alpine Skiing, X-Country Skiing, Tennis, Basketball, Rugby, Swimming, Golf, Hockey, Soccer, Baseball, Equestrian, Skateboarding, Snowboarding, Kayaking, Surfing, Sailing, Other _____

NOTE: "Therapy" requests for non-physical ailments, are not funded

CAF often distributes partial funding for grant requests in order to fund more athletes. Will partial funding allow you to afford your request? Yes No



Remember if you receive a CAF grant, you **MUST** submit receipts to prove the grant money was used for the approved item.

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Applicant Name _____