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## 2016-17 SLED HOCKEY GRANT FOR VETERANS WITH DISABILITIES

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### Grant Description

USA Hockey is proud to be working with U.S. Department of Veteran Affairs to offer Sled Hockey Programs across the country a way to help grow their programs as well as provide Veterans with a disability an opportunity to try the sport of sled hockey. Through an application process, the Sled Grant Committee will select five programs to receive \$5,000 in pass-through funding as well as five free sleds from Mobility Sports.

### Requirements to receive the grant

In order to receive the grant you must meet the following requirements:

- Be a current member program of USA Hockey, including registering all players, coaches and volunteers with USA Hockey for the 2016-17 season.
- Run at least two Try Hockey For Free Events targeting Veterans with a disability by August 31, 2017.
- Be able to track the number of Veterans with a disability that participate in the Try Hockey For Free events and provide USA Hockey with name and zip code of such individuals.
- Complete and submit quarterly status reports providing information such as number of camps, clinics, practices and competitions that took place as well as the number of hours spent in direct interaction with Veterans with a disability.

### Application Process

In order to apply for the grant, please complete the form below and email to [DisabledHockeyGrants@usahockey.org](mailto:DisabledHockeyGrants@usahockey.org) no later than **December 23, 2016**. The Sled Grant Committee will review all submissions and announce the winners no later than **January 6, 2017**.

## GRANT APPLICATION

Organization Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

USA Hockey Association Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

No. of years Organization has been in existence: \_\_\_\_\_

Is the Organization Non-Profit: Yes No EIN: \_\_\_\_\_

No. of Sleds the Organization owns: \_\_\_\_\_ No. of Sleds the Organization needs: \_\_\_\_\_

Please describe the mission of the Organization:

### **Project Narrative**

Please use the space below to describe how this grant would affect your program along with what the funds would be spent on. This is your opportunity to describe to the Sled Grant Committee on why your program should receive this grant.