Profile Information (automatically entered)

US State of Residence
- California

Served US military
- Yes
- No

Served US Law Enforcement or Paramedic
- Yes
- No

Primary Country of Residence
- United States

Please answer all questions in English

Assistance filling out the application is permitted. Please confirm person filling out application:
- I am the applicant

Section 1: Sports Information

What is the sport or physical activity for which you are requesting a grant?
- Acrobatics/Aerial Arts

How long have you been participating in the sport you are requesting a grant for?
- Less than a year

Do you belong to an adaptive sports organization, Paralympic Sport Club, or other recreation program in your community?
- Yes
- No

Name of organization:

Sports(s) played:

Team Name(s):

Name of Coach:
Coach's email: *

Coach's phone number: *

Have you ever been on your country’s Paralympic team? (You competed at the Summer or Winter Paralympic Games conducted by the International Paralympic Committee – local and regional events are not applicable) *

- Yes
- No

Are you a current or a former member of your country’s Paralympic team? *

- Current Member
- Former Member

Please select the Paralympic Games you have competed in as a member of your country’s Paralympic team: *

- 2000 - Sydney
- 2002 - Salt Lake City
- 2004 - Athens
- 2006 - Turin
- 2008 - Beijing
- 2010 - Vancouver
- 2012 - London
- 2014 - Sochi
- 2016 - Rio de Janeiro
- 2018 - Pyeongchang
- 2020 - Tokyo
- 2022 - Beijing

Are you training to participate in the 2024 Paris Summer or 2026 Winter Paralympics? (You are a member of a national development team or national team in one of the Summer or Winter Paralympic sports) *

- Yes
- No

Section 2: Applicant Information

Select the age range that applicant falls into: *

0-5

Is applicant currently a full-time student? *

- Yes
- No

Name of School: *

Choose current grade: *

Please select the response that best describes your grant history: *

- I am a past CAF grant recipient

How many CAF grants have you received? *

How did you find out about CAF? check all that apply *

- CAF website
- CAF Staff member
- Friend/Family
- Teammates
Tell us about yourself:

How did you acquire your disability? *

What is your experience in adaptive sports/athletics? *

What are your upcoming goals in sport? *

How has sport positively impacted other parts of your life? *

(ex. relationships, community involvement, physical health, emotional well-being, hobbies and interests)

Please tell us how a CAF grant would impact your life *

Section 3: Letter of Recommendation

Please provide one (1) letter of recommendation with the following guidelines:

- Must be written by a coach, mentor, teammate, or rehabilitation professional who has knowledge of your experience and development in your chosen sport or recreational activity.
- The letter must be current (dated this year)
- It should reflect your character, interest in athletics and sport, and describe how and why a CAF grant will help you meet your athletic goals.
- Letters cannot be written from family members

Name of person providing your recommendation: *

Relationship to Applicant: *

Coach or Trainer
Section 4: Financial Documentation

Annual Financial Documentation:
You must provide financial information and proof of income to be considered for a CAF grant.

- Income reported should be for the applicant and/or any family members or partners that provide financial support to the applicant.
- Sensitive information, such as social security numbers or banking information should be redacted
- If the applicant is under the age of 18, a parent or guardian must complete this information and submit documentation supporting reported household income.

You must choose one of the following options to upload:
- W-2 Form or 1040 Form (for working US residents)
- An SSI or SSDI award letter or government issued document indicating your monthly federal support. This letter should be dated in 2020 or 2021
- International financial documentation must be issued from a bank, financial institution or government agency and show monthly or annual income

Which Financial documents are you uploading?

Financial Document Upload

- W-2 Form or 1040 Form

Financial Document Upload

First Income Earner’s Name:

Relationship to applicant:

Number of dependents claimed last year:

Is the grant applicant supported by any additional incomes?

- Yes
- No

TOTAL annual income of applicant: (in U.S. dollars)

TOTAL annual income of household: (in U.S. dollars)

Is applicant currently employed?

- Yes
- No

Name of employer:

Does the applicant receive financial assistance from either government benefits, family members, or other programs?

- Yes
- No

If yes, please explain:
Is there any additional information you would like to share about your financial circumstances that is not accurately reflected above?

Section 5: Photos & Media

Upload at least two high quality photos of the grant applicant, preferably participating in their sport.

- Applicant's face must be visible in the photo.
- Photos must be JPG, PNG, PDF format
- Photos must be of applicant - not group or team photos
- Photos must be in focus

Applicant Photo upload *

[File upload]

Applicant Photo upload *

[File upload]

Link to relevant media: (videos, news article, etc)

[Text field]

Link to relevant media: (videos, news article, etc)

[Text field]

Facebook: (optional)

[Text field]

Twitter: (optional)

[Text field]

Instagram: (optional)

[Text field]

LinkedIn Profile: (optional)

[Text field]

Section 6: Grant Request

CAF offers two grant categories. You may only choose one grant category to apply for:

1. Sport Expense Grant
2. Equipment Grant (from CAF preferred vendors or Funding Towards Equipment)

Sport Expense Grant

- Select this grant category to request monetary funding from CAF for any of the following:
  - Minor equipment purchases (expenses related to maintain, refurbish, or upgrade adaptive equipment like handcycles, sport wheelchairs, bicycles, etc. or to purchase smaller equipment items such as strength and conditioning equipment and other hard goods totaling less than $1500.
    - Sport Expense Grants for minor equipment items will NOT count toward an applicant's future eligibility for large adaptive equipment items such as sports wheelchairs, handcycles, etc.
  - Coaching/Training Expenses: expenses related to specialized coaching, personal trainer, coach, gym fees, adaptive sports clinics, classes or lessons, etc.
  - Travel/Competition Expenses: expenses related to sport athletic competitions, training camps, or clinics. These expenses may include entry fees and/or travel-related expenses to competitions. Travel related expenses can include transportation (fuel, rental car, flight, ride share, etc.), accommodations (hotel fees), and food.
**Equipment Grant**

You are eligible to apply for an equipment grant every three years if you are over 18, and every two years if you are under 18.

Individuals who received Equipment or Funding Towards Equipment Awards in 2020, 2021, and 2022 are not eligible for Equipment grants (2021 and 2022 for under 18 recipients).

- **A. Equipment from CAF preferred vendors:**
  - CAF distributes most adaptive sports equipment through our selected distributors who offer discounted pricing. The equipment list is available once you select "Equipment" as your grant category. If awarded, you'll be notified of a dollar amount you've been allotted, which typically will cover the entire cost of the basic equipment at CAF's discounted price. The vendor will bill CAF for the amount you were granted for the equipment - you will not be given monetary funds.
  - Partial grants may be awarded - which may not cover the entire cost of equipment. You will be responsible for the remaining amount.
  - The list of all equipment offered through our preferred vendors is available to download here:

- **B. Funding Towards Equipment:**
  - If the equipment you are looking for is not on our list, you will have the option to apply for funding towards equipment by selecting "Other - Equipment not on CAF's list." You must provide the equipment name, price, and a quote from the vendor. Please note: If you choose equipment that is not on CAF's preferred vendor list, you may receive a partial grant, as we cannot guarantee funding for the entire cost. The maximum amount you can request is $2,500. If awarded, you will receive monetary funds to purchase the equipment from the vendor of your choosing. You'll be required to upload receipts.

Please choose the grant category you wish to apply for: *

- Equipment Grant

Choose Equipment from CAF Vendor list: *

- Other / Equipment not listed

**Funding towards Equipment Grant**

Individuals applying for funding towards equipment must upload a quote for the equipment they are requesting. It is the responsibility of the applicant to research the vendor they will purchase their equipment from if awarded.

The equipment quote must include name of vendor and total cost of equipment including shipping (if applicable).

**Name of Equipment** *

Include equipment name and vendor name

**Equipment Quote Upload** *

Must include vendor name and total price of equipment

- [Select a file](#)

**Total Cost of Equipment: (in US dollars)** *

- 

**TOTAL Amount of Grant Request: (in US dollars)** *

- 

Max Amount $2500 - please use Sports Expense grant for equipment under $1500

**Are you applying or plan to apply for a grant for the equipment requested above at another organization(s)?** *

- Yes

This will not impact your grant application

**Name of Organization(s):** *

**Name of Equipment Requested:** *

**Amount Requested:** *
Grant Award Terms & Conditions – Funding Towards Equipment Grant

If awarded:

- You will receive monetary funds from CAF to purchase equipment from the vendor of your choosing. You will be required to upload receipts to your grant portal to show proof of purchase.
- Grant funds are NOT to be used as reimbursement for past purchases/expenses. Grant funds are to be spent on purchases/expenses after receiving the funds.
- This award will be an Equipment grant, and you will be ineligible to apply for another piece of equipment for 3 years (adults) or 2 years (under 16).
- If your equipment costs more than what you are awarded, you are responsible for covering the difference.

I certify that all statements and answers provided in this grant application are true and correct. I have read the terms and conditions and I hereby do consent to the terms and conditions of this grant application.

I agree