



MPVA Sports & Recreation Grant

The MPVA Mission

The Michigan Paralyzed Veterans of America (MPVA) is a Chapter of the Washington, D.C.-based Paralyzed Veterans of America. The mission of the MPVA is to enhance the lives of veterans with spinal cord injury or disease (SCI/D), as well as all citizens with disabilities, by advocating for civil rights, assuring quality healthcare, supporting continued research and education, and encouraging independence and healthy living through various health, sports, and recreational programs.

Eligibility

Qualifying applicants must meet the following criteria:

Be a Michigan citizen with SCI/D, voting member of the MPVA, the spouse of a voting member, a child of a voting member, or a non-profit organization seeking to create or improve inclusive sports & recreation programming that will support paralyzed veterans or citizens with SCI/D (among others) in the state of Michigan.

Grant Description

MPVA's Sports & Recreation Grant was established to support the utilization of athletics to improve the quality of life of veterans and individuals with spinal cord injury or disease (SCI/D).

This grant program seeks to fund participation in programs or the creation of/improvement of programming that provide equitable opportunity and access to inclusive recreation/sports activities for people with SCI/D and physical disabilities.

This grant program is offering up to \$5,000 in award amounts per grant cycle, commensurate with program goals, budget, and requirements as detailed in the application for amount requested. **The MPVA will only grant one (1) grant amount to an organization per grant cycle.**

It should be noted that the application process does require your insight as to why feel you or your organization should be supported by this funding source.

****Applications must include all of the following:**

- **Completed application**

- **Project description and goals (*no more than 2 pages*) with emphasis on how project aligns with MVPA's mission to support & enhance the quality of life for veterans and people living with SCI/D in Michigan**
- **Detailed budget for project activities/expenses (*including any other funding sources*)**

****For Nonprofits Only**

- **List of community partners, if applicable**
- **Most recent 990 Report**
- **Please include in project description a summary of recent sports & recreation programs with goals and outcomes**

Review of Application

The MPVA will select award recipients on several factors, including available funding. All applicants will be notified in a timely manner of the grantee selections.

Contact Information:

Applications to:

Jaclyn Kochis, Executive Director
Michigan Paralyzed Veterans of America
46701 Commerce Center Drive
Plymouth, Michigan 48170

If you have any questions, please contact us at: (248)476-9000 or jkochis@michiganpva.org

MPVA Sports & Recreation Grant Application

Thank you for your interest in receiving financial support from the Michigan Paralyzed Veterans of America (MPVA)'s Sports and Recreation Grant. In order for the MPVA to determine if you will receive any support, please complete the following application. Incomplete applications may delay the application review process. Upon completion, submit the application to the MPVA for review. Applications can be submitted to: jkochis@michiganpva.org or via mail to the MPVA at: 46701 Commerce Center Drive, Plymouth, MI 48170.

A. Applicant Contact Information

Name: First _____ Middle _____ Last _____

Organization Name (if applicable) _____

Address: _____

Number and Street: _____

City _____ State _____ Zip Code: _____

Primary Phone Number: (____) ____ - ____

Alternative Phone: _____

Email: _____

B. Guardian Information (if applicable for individuals)

Name: First _____ Middle _____ Last _____

Home Address: (if different from Applicant)

Number and Street: _____

City _____ State _____ Zip Code: _____

Primary Phone Number: (____) ____ - ____

Alternative Phone: _____

Email: _____

C. Membership Information (if applicable for individuals)

1. Membership No. _____

2. MPVA Member since: _____

Assurance of Accuracy of Statements and Disclosure of Change of Status:

I hereby certify that I have reviewed the program guidelines, and that to the best of my knowledge, the information provided above is true and accurate.

I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give MPVA any information about me, and I waive any privilege which makes the information confidential.

I also understand that MPVA may request further documentation or evidence to verify or confirm information provided in the application if necessary.

Applicant Signature

Date

Guardian signature (if applicable)

Date