

RESOLUTION NO. 2023 - 111

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE, TO SUBMIT AN APPLICATION, AND ANY OTHER REQUIRED PAPERWORK, IN ORDER TO SEEK PROGRAM ASSISTANCE THROUGH THE DEPARTMENT OF VETERANS AFFAIRS ADAPTIVE SPORT GRANT APPLICATION.

**RECITALS**

**WHEREAS**, the Department of Veterans Affairs allows organizations to make application through the Adaptive Sport Grant Application; and

**WHEREAS**, the County has reviewed the Grant application; and

**WHEREAS**, after a review of the Grant application the County has determined that none of the requirements, restrictions, and/or obligations associated with award of the Grant, of the Grant itself, negatively impact the interests of the County; and

**WHEREAS**, after a review of the Grant application, the County has determined that an award of an Adaptive Sport Grant Application program fees and equipment in St. Johns County.

**NOW THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:**

**Section 1.** The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

**Section 2.** The Board of County Commissioners hereby approves and authorizes the County Administrator, or designee, to submit a completed application based on the approved guidelines for grant submittal (attached hereto, and incorporated herein), on behalf of the St. Johns County Parks and Recreation Department for an Adaptive Sport Grant Application for Veterans programming assistance in St. Johns County.

**Section 3.** To the extent that there are typographical or administrative errors that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval of the board of County Commissioners.

**Section 4.** This Resolution shall be effective upon its execution.

**PASSED AND ADOPTED** by the Board of County Commissioners of St.

Johns County, Florida, this 4th day of April, 2023.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

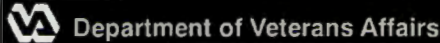
By: Christian Whitehurst  
Christian Whitehurst, Chair

ATTEST: Brandon J. Patty  
Clerk of the Circuit Court & Comptroller

By: Crystal Smith  
Deputy Clerk

Rendition Date APR 04 2023





## ADAPTIVE SPORT GRANT APPLICATION

**PRIVACY ACT:** The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

### SECTION A - ORGANIZATION AND GRANT INFORMATION

1. ORGANIZATION AND MAILING ADDRESS	2. PROGRAM NAME AND TITLE	3. GRANT AMOUNT REQUESTED
-------------------------------------	---------------------------	---------------------------

### SECTION B - CONTACT INFORMATION

4. PRIMARY CONTACT	5. PRIMARY PHONE NUMBER	6. ALTERNATE PHONE NUMBER
7. EMAIL		

### SECTION C - PROGRAM AND OTHER INFORMATION

8. DUNS NUMBER <i>(Must provide a DUNS number before any payment is disbursed)</i>	9. CONGRESSIONAL DISTRICT	10. SAM CAGE CODE NUMBER	11. EIN NUMBER
12. PROJECTED START DATE	13. PROJECTED COMPLETION DATE	14. TARGET GEOGRAPHIC AREA(S)	
15. CATEGORY <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> NON-COMPETITIVE		16. PROGRAM HISTORY <input type="checkbox"/> NEW <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5 YEARS <input type="checkbox"/> 5+ YEARS	
17. DISABILITY GROUPS	<input type="checkbox"/> AMPUTEE	<input type="checkbox"/> SPINAL CORD INJURY	<input type="checkbox"/> TBI/STROKE
	<input type="checkbox"/> BLIND/VI	<input type="checkbox"/> PTSD	<input type="checkbox"/> OTHER
18. EXPERIENCE WITH DISABLED VETERANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	19. COMPLEMENTARY FUNDING? FEDERAL: <input type="checkbox"/> YES <input type="checkbox"/> NO   AMOUNT: _____ NON-FEDERAL: <input type="checkbox"/> YES <input type="checkbox"/> NO   AMOUNT: _____		
20. DOES YOUR ORGANIZATION HAVE EXPERIENCE IN MANAGING FEDERAL FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

#### Program Details

**1. Program Past Performance:**

Applicant must demonstrate eligibility to receive a grant award in accordance with 38 USC 77(2). Limit response to one written page.

**2. Program Specifics:**

Applicant must clearly describe specific aspects of the proposed program to include: type of adaptive sport(s) provided (community/national events, introductory/competitive events, local/or requires travel), frequency and duration of occurrence, location(s) of programming, estimated number of unique Veterans/ Service Members served (required to be reported by last name, first name and zip code on quarterly reports), type of disabilities served by the proposed adaptive sport, and benefits of the programming to participants. Limit responses to 2 pages.

**3. TIMELINE OF ACTIVITIES** (Check box if you are hosting activities in a given month.)

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP

**4. OUTREACH PROGRAM SPECIFICS** (Describe your planned outreach efforts to inform eligible Veterans and members of the Armed Forces about your program)

This application does not constitute a Grant Agreement. Upon approval of the application by VA, an applicant will be required to complete a signed Grant Agreement specifying terms and conditions of an award. The Program Goals and Deliverables (Exhibit A) and Program Budget (Exhibit B) will form the basis of the Grant Agreement as agreed upon by VA and the applicant. Upon full execution of the Grant Agreement, the applicant will perform the services/activities hereto attached in Exhibit A, perform the Program Budget in line with the budget attach hereto in Exhibit B unless otherwise agreed upon by the applicant and VA.

In the event the applicant and VA do not enter into a Grant Agreement for any reason, and/or in the event the applicant and VA are unable to agree on the terms of the Grant Agreement within 60 days after approval of the application by VA, this application will automatically terminate.

SIGNATURE	ORGANIZATION NAME

NAME	TITLE	DATE

**5. QUALIFICATIONS OF PERSONNEL**

(Include specific experience, education or other qualifications relevant to the grant proposal.)

NAME	TITLE	QUALIFICATIONS

**6. PARTNERING AND COLLABORATING ORGANIZATIONS**

(Include signed agreements for partnering or joint activities.)

COLLABORATING ORGANIZATION NAME AND POC	LOCATION (CITY, STATE)	COLLABORATIVE ACTIVITIES

**EXHIBIT A**  
**Program Goal and Deliverables**  
*(Include location, dates, activities, frequency of occurrence and number of Veterans expected to participate)*  
**Organization Name:**

**Program Deliverable**

	<b>DELIVERABLE SUBCOMPONENTS</b>	<b>PROJECTED START</b>	<b>PROJECT COMPLETION</b>	<b>BUDGET ESTIMATE</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**EXHIBIT B  
VA ADAPTIVE SPORTS GRANT PROGRAM BUDGET**

**Program Budget and Expected Expenditures (Grant Funds Only)**

CATEGORY	AMOUNT	DESCRIPTION OF EXPENDITURES	PROJECTED SPENDING IN EACH QUARTER (\$)			
			OCT-DEC (Q1)	JAN-MAR (Q2)	APR-JUN (Q3)	JUL-SEPT (Q4)
Operations						
Equipment						
Travel						
Supplies						
Administrative						
*Personnel (Operational)						
*Personnel (Administrative)						
Other						
<b>Total</b>						

**BUDGET CATEGORY DEFINITIONS**

ONLY include amounts spent against this award. DO NOT report expenditures that are funded by other sources.

For further information regarding allowable costs, please reference OMB guidance (2 CFR 200 and 38 CFR 77).

Operations - Expenditures associated with implementing this grant program such as coaching fees, lift tickets and facility fees.

Equipment - Sport equipment purchased to meet program objectives. To be categorized as equipment must have a useful life of more than one year and a unit price equal to or greater than \$5,000. Equipment expenditures must be identified in your Grant Application and listed on Exhibit C.

Travel - Expenses for transportation, lodging, subsistence, and related items incurred to meet program objectives. Costs must be consistent with those allowed in like circumstances in your organization's other activities. Travel costs must comply with GSA lodging and subsistence rates for designated locations which can be found at <http://www.gsa.gov/portal/category/100120>.

Supplies - Consumable items in direct support of carrying out the award or equipment purchases with a per-unit value less than \$5,000.

Administrative (non-Personnel) - Sum of Administrative and In-Direct Costs that do not include Personnel (Administrative). When combined with Personnel (Administrative) costs, may not exceed 5% of the total award. Costs must be clearly identified and associated with the implementation and tracking of the award.

\*Personnel (Operational) - Includes both Personnel and Fringe Benefit expenses that should be based on documented payrolls approved by a responsible official(s) of the organization. Reports need to reflect the distribution of activity for those whose compensation is charged, in whole or in part, directly to this award. Operational activities are identified as "time spent by such employee directly providing coaching or training for participants" per 38 CFR 77.14(c)(2). The reports must reflect an after-the-fact determination of the actual activity worked on the program. Reports must account for the total activity for which employees are compensated.

\*Personnel (Administrative) - Includes both Personnel and Fringe Benefits expenses that should be based on documented payrolls approved by a responsible official(s) of the organization. Reports need to reflect the distribution of activity for those whose compensation is charged, in whole or in part, directly to this award. Administrative activities are identified as all personnel activities that are not "time spent by such employee directly providing coaching or training for participants" per 38 CFR 77.14(c)(2). The reports must reflect an after-the-fact determination of the actual activity worked on the program. Reports must account for the total activity for which employees are compensated.

**EXHIBIT C  
EQUIPMENT PURCHASES**

**Organization Name:**

**Equipment Purchases**

\*Report the purchase of single units/pieces of equipment equal to or in excess of \$5,000. This is only for equipment purchases using this award.

TYPE OF EQUIPMENT	MAKE AND MODEL	APPROXIMATE VALUE	QUANTITY

**EXHIBIT D  
ADAPTIVE SPORTS OFFERED**

Please indicate the type of adaptive sport activity: introductory, participatory, or competitive.

SPORT	INTRODUCTORY	PARTICIPATION	COMPETITION