



Dear Grant Applicant:

Thank you for requesting a grant from Achilles Pikes Peak. It is the mission of Achilles Pikes Peak to promote accessibility and inclusion in sports, recreation, and outdoor adventures for athletes across the spectrum of disabilities. The goal of our grant program is to provide financial assistance to help you in pursuit of achieving your athletic goals. We offer grants of up to \$300.00 per eligible athlete/per calendar year.

Eligibility:

- You shall submit a complete application from now until November 1, 2021 with requested supporting documentation (including receipts);
- Prior to receiving funding, the athlete must have been an active member of this chapter with a minimum of attendance at 10 activities during the calendar year during which you are applying for a grant;
- An athlete is an active member of Achilles Pikes Peak if they attend practices regularly and is in good standing with the Chapter. The Executive Director and Board of Directors will determine whether an athlete is active and may decline funding with cause if the athlete fails to meet this requirement.

We will fund as many grants as possible without exceeding our grant budget for 2021. The grant can be used to fund a combination of race/event fees, travel (including transportation to/from workouts), or equipment (shoes, helmet, etc.) taking place during calendar year 2021. We strongly encourage each applicant to submit all their funding requests in one application. To be eligible, submit your application by November 1, 2021 in person to Brandon, Melissa, or via e-mail to achillespikespeak@gmail.com. The last day to submit your grant for the 2021 season is November 1, 2021.

Athlete Terms of Agreement

- You shall use the grant for the purpose described in this application;
- You shall be reimbursed AFTER purchase. Reimbursement occurs within 30 days upon submission of receipts to the Grant Committee;
- Receipts shall be received in the same fiscal year of the grant request;
- You shall always represent Achilles Pikes Peak as a positive ambassador of the team whether at events or on social media;
- As an athlete representing Achilles International and Achilles Pikes Peak, you shall always abide by the Code of Conduct. This includes abiding by all rules of any events/races you are participating;
- Share with us! Submit a photo or photos that capture the moment and a few sentences that explain what you were able to accomplish with the grant!

If you have any questions about the application or grant process, please ask the Leadership Team at any workout or contact us at achillespikespeak@gmail.com.

Sincerely,
2021 Achilles Pikes Peak Leadership Team and Board of Directors

APPLICANT INFORMATION

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Gender: _____ Ethnicity: _____

Are you active duty military?

Yes No

List Branch: _____

Are you a veteran of the military, retired law enforcement, or retired fire department?

Yes No

Which one: _____

Have you ever received an Achilles Pikes Peak grant before?

Yes No

If so, provide the grant details. Year, amount received, and what you utilized the grant for.

ACHILLES PIKES PEAK INFORMATION

How did you find out about Achilles Pikes Peak? Please specify.

What Achilles Pikes Peak activities or programs have you participated? Describe how long and in what capacity you have been involved with Achilles Pikes Peak below.

INFORMATION TO BE INCLUDED IN YOUR APPLICATION

What will your funds be used for? Will the funds be used for an entry fee/travel of an event? If so, please provide the name, date, and location of the event.

Will the funds be used to train for a sport or physical activity? If so, please describe the sport or physical activity and the training sought below.

Will the funds be used to purchase a piece of equipment? If so, provide the details of the equipment sought and why the equipment is necessary to achieve your goals.

Do you understand and agree that if you receive a grant, you will be required to submit receipts proving the grant was used for its intended purpose? **Yes**

No

We want to see you in action. Provide two pictures of you participating in your sport!

Please provide a brief biography for yourself. Tell us about yourself, your disability and why you qualify as an Achilles Pikes Peak athlete per our mission!

How will this grant allow you to complete or achieve a goal?

If you are awarded this grant, how would you inspire or motivate others as an Ambassador of Achilles Pikes Peak?

DISABILITY INFORMATION

Select your disability. Check all that apply. **REQUIRED.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Paraplegic | <input type="checkbox"/> Quadriplegic |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Osteogenesis Imperfecta |
| <input type="checkbox"/> Ataxia | <input type="checkbox"/> Amputee | <input type="checkbox"/> Cognitive/Developmental Delay |
| <input type="checkbox"/> Other | | |

List specific disability/disabilities. (e.g., Bilateral below knee amputee, T9-T12 paraplegic)

How did you acquire your disability?

- Cancer
- Congenital
- Non-cancerous disease
- Trauma
- Other

If other, please explain. _____

YOUR SPORT INFORMATION

What is your primary sport?

- | | | | |
|------------------------------------|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Running | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Triathlon | <input type="checkbox"/> Skiing | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Other |

If other, please describe. _____

How long have you participated in your sport and what are your most notable achievements?

What level of athlete do you consider yourself? Check one that applies.

Beginner Intermediate Advanced Elite

Have you ever competed in the Olympics/Paralympics? Yes No

If yes, provide details below. What sport, year, and location? What were your results?

**STATEMENT OF DISCRETION, CERTIFICATE OF ACCURACY,
WAIVER and RELEASE OF LIABILITY**

Any decision by Achilles Pikes Peak shall be made in the sole and absolute discretion of Achilles Pikes Peak. This includes, but is not limited to, whether or not to award a grant and the terms and conditions attached to any grant. By your submission of this grant application to Achilles Pikes Peak, you agree to be bound by Achilles Pikes Peak’s decision regarding your application, you waive all rights to legal recourse against Achilles Pikes Peak for its decision.

- I Agree
- I Disagree and understand this could lead to the denial of my application.

Achilles Pikes Peak uses the biographies and photographs of its athletes and grant recipients to assist in fundraising efforts to help us achieve our goals. Please authorize Achilles Pikes Peak to use your photographs and/or biography.

- I Authorize Achilles Pikes Peak to use my photographs and/or biography
- I Do Not Authorize Achilles Pikes Peak to use my photographs and/or biography

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

I acknowledge that training for and participating in athletic events can be an extreme test of a person’s physical and mental limits and understands that there are significant risks associated with training for and participating in the such events, including by way of example the possibility of serious injury or death caused by falling, exertion, or physical activity along

with damage to personal property. I hereby assume all the risks of training for and/or participating in any athletic event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, personal injury, property damage, property theft or actions of any kind arising from or related to training for and/or participating in (including traveling to and from) any athletic event, which I am applying for with this grant application, Achilles Pikes Peak, Achilles International, and all their directors, officers, employees, volunteers, representatives and agents; and, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my death, personal injury, property damage, property theft or actions of any kind arising from or related to training for and/or participating in (including traveling to and from) any athletic event, which I am applying for with this grant application.

Print your name below that you agree to the above statement.

Name: _____ Date: _____

If under the age of 18, please have a parent or guardian sign below.

Name: _____ Date: _____

INTERNAL USE ONLY:

Date Received: _____ Received By: _____