



Department of Veterans Affairs

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 City of Fayetteville 433 Hay Street Fayetteville, NC 28301-0007	2. PROGRAM NAME AND TITLE Operation Forefront - Adaptive Sports Initiative	3. GRANT AMOUNT REQUESTED \$15,000.00
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SECTION B - CONTACT INFORMATION

4. PRIMARY CONTACT Jessica Legette	5. PRIMARY PHONE NUMBER (910) 433-1546	6. ALTERNATE PHONE NUMBER (910) 433-1547
7. EMAIL jlegette@ci.fay.nc.us		

SECTION C - PROGRAM AND OTHER INFORMATION

8. DUNS NUMBER (Must provide a DUNS number before any payment is disbursed) 0400317000000	9. CONGRESSIONAL DISTRICT 9th	10. SAM CAGE CODE NUMBER IN9K1	11. EIN NUMBER 56-6001226
12. PROJECTED START DATE 10/01/2018	13. PROJECTED COMPLETION DATE 09/30/2019	14. TARGET GEOGRAPHIC AREA(S) South Eastern North Carolina	
15. CATEGORY <input checked="" 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 checked="" type="checkbox"/> 3-5 YEARS <input type="checkbox"/> 5+ YEARS	
17. DISABILITY GROUPS	<input checked="" type="checkbox"/> AMPUTEE	<input checked="" type="checkbox"/> SPINAL CORD INJURY	<input checked="" type="checkbox"/> TBI/STROKE
	<input checked="" type="checkbox"/> BLIND/VI	<input checked="" type="checkbox"/> PTSD	<input checked="" type="checkbox"/> OTHER
18. EXPERIENCE WITH DISABLED VETERANS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		19. COMPLEMENTARY FUNDING? FEDERAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMOUNT: _____ NON-FEDERAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMOUNT: _____	
20. DOES YOUR ORGANIZATION HAVE EXPERIENCE IN MANAGING FEDERAL FUNDS? <input checked="" 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
X	X	X	X	X	X	X	X	X	X	X	X

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

Outreach efforts will include notification of several community groups to include but not limited to the Fayetteville VA Medical Center Recreation Therapy Department, PVA Mid-Atlantic Chapter, Warrior Transition Battalion-Fort Bragg, and the Vision Resource Center. An email distribution list will be used to contact all previous program participants. Additional program information will be advertised on our website, through social media, and in our activities guide.

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 City of Fayetteville
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NAME Jessica Legette	TITLE Management Analyst	DATE 04/26/2018
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5. QUALIFICATIONS OF PERSONNEL
(Include specific experience, education or other qualifications relevant to the grant proposal.)

NAME	TITLE	QUALIFICATIONS
Jeremy Mincey	Athletic Coordinator	Coordinated adaptive sports programming for 4+ years
Michael Seals	Athletic Director	Supervised adaptive sports programming for 4+ years

6. PARTNERING AND COLLABORATING ORGANIZATIONS
(Include signed agreements for partnering or joint activities.)

COLLABORATING ORGANIZATION NAME AND POC	LOCATION (CITY, STATE)	COLLABORATIVE ACTIVITIES
Warrior Transition Battalion - Fort Bragg, Lee Whitford	Fort Bragg, North Carolina	Archery & air rifle programs, program advertisement
Mid-Atlantic Chapter of PVA, Robert Satterwhite	North Chesterfield, Virginia	Program advertisement

EXHIBIT A Program Goal and Deliverables <i>(Include location, dates, activities, frequency of occurrence and number of Veterans expected to participate)</i> Organization Name: Program Deliverable				
	DELIVERABLE SUBCOMPONENTS	PROJECTED START	PROJECT COMPLETION	BUDGET ESTIMATE
1	Wheelchair basketball team practice will run twice a week from August 2018 through April 2019 at Massey Hill Classical High School. Currently 5 Veterans are expected to participate with the team.	10/01/2018	09/30/2019	\$14,150.00
2	One day wheelchair basketball clinic to be held in January at Kiwanis Recreation Center. The expected goal is for 10 Veterans to participate.	01/01/2019	01/31/2019	\$0.00
3	Ongoing boccia program will be held twice a month at Massey Hill Recreation Center. The expected goal is for 10 Veterans to participate	10/01/2018	09/30/2019	\$850.00
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			15,000			
Administrative						
*Personnel (Operational)						
*Personnel (Administrative)						
Other						
Total			15,000			

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
Wheelchair Basketball		X	X
Boccia	X	X	
Air Rifles	X	X	X
Archery	X		
Goalball	X		
Kayaking	X		

Department of Veterans Affairs		VA-FSC VENDOR FILE REQUEST FORM	
<input type="checkbox"/> NEW		<input type="checkbox"/> UPDATE	
		DATE 04/26/2018	
VA FACILITY INFORMATION		PAYEE/VENDOR INFORMATION	
STATION NUMBER		<input checked="" type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV <small>(Required IAW FAR 4.1102)</small>	
STATION CONTACT		DUNS NUMBER	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 040031700 </div>	
STATION PHONE NUMBER		DUNS+4	
STATION FAX NUMBER		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 0000 </div>	
STATION EMAIL ADDRESS		SSN/TIN	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	
PAYEE/VENDOR TYPE <small>(Select one)</small>		NPI	
<input type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> O - FOREIGN FACTS ID <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> V - VETERAN <input type="checkbox"/> U - UTILITY		<input type="checkbox"/> SMALL BUSINESS - PAYEE/VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION	
MISCELLANEOUS ACTIONS <small>(Select one)</small>		PAYEE/VENDOR NAME	
<input type="checkbox"/> VNRS <input type="checkbox"/> ASSIGNMENT <small>(All applicable documents)</small> <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> SETTLEMENT/TORTS <input type="checkbox"/> ALAC/LGY ACCOUNT # 		DBA	
		CONTACT	
		Jessica Legette	
		EMAIL ADDRESS	
		jlegette@ci.fay.nc.us	
		PHONE NUMBER	
		(910) 433-1546	
		CURRENT ADDRESS <small>(Include Street, City, State and Zip Code)</small>	
		433 Hay Street Fayetteville, NC 28301-0007	
		PREVIOUS ADDRESS <small>(Include Street, City, State and Zip Code)</small>	
		EFT/ACH <small>(Required IAW 31 CFR Part 208)</small>	
		BANK NAME	
		BANK ADDRESS <small>(Include City, State and Zip Code)</small>	
		NINE-DIGIT BANK ROUTING NUMBER	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	
		ACCOUNT NUMBER	
		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	
		ACCOUNT TYPE	
		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
		NAME AND TITLE OF PAYEE/VENDOR	
		Jessica Legette Management Analyst	
		SIGNATURE OF PAYEE/VENDOR	

FOR QUESTIONS REGARDING THIS FORM:
NVF CONTACT INFORMATION:

VA-FSC CUSTOMER SERVICE HELP DESK:

PHONE: 512-460-5380
EMAIL: VAFSCSHD@VA.GOV

FOR ALL OTHER INQUIRIES:

CUSTOMER CARE CENTER: 1-877-353-9791
STATION CARE CENTER: 1-866-372-1141

SUBMIT ALL DOCUMENTATION VIA:
SECURE FAX: 512-460-5221

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES



ADMINISTRATIVE AND FINANCIAL REVIEW QUESTIONNAIRE FOR GRANTEES
VA Assistance Agreement Reviews

Introduction

Thank you for assisting VA by completing this questionnaire, which is crucial to VA's review of your organization. The questionnaire asks about your organization's administrative and financial policies, procedures, accounting and management of VA assistance agreements.

This questionnaire requires "Yes" or "No" responses. Please check the appropriate box for each question. In some cases, a written response is required, please type or write your responses in the question box. You may also use the space included on the last page, include or attach additional sheets if necessary to provide a full response.

Recipient Name and Address: **Jessica Legette 433 Hay Street Fayetteville, NC 28301**

Responding Individual(s):			
Name	Title	Phone Number	E-mail
Jessica Legette	Management Analyst	910-433-1546	jlegette@ci.fay.nc.us
Jeremy Mincey	Athletic Coordinator	910-433-1376	jmincey@ci.fay.nc.us

	4/27/2018
Signature of Responsible Official	Date

The Code of Federal Regulations (Title 38) and OMB Cost Principles require organizations receiving Federal assistance agreements to have written policies and procedures. Below are links to the regulations and OMB Cost Principles and apply to each type of recipient. Links are also provided in the heading for each section below.

Recipient Type	VA Regulations	OMB Cost Principles
States, Local Governments, and Indian Tribes	38 CFR Part 49	2 CFR Part 200.416-417
Educational Institutions	38 CFR Part 49	2 CFR Part 200.418-419
Non-Profit Organizations	38 CFR Part 49	2 CFR Part 200, Subpart E

I. Accounting and Financial Management
(2 CFR Part 200.300-309 and 2 CFR Part 200.327) (FFATA reporting - 2 CFR Part 170)

- Who in your organization is responsible for reviewing, approving and signing VA assistance agreement applications, awards and amendments?
- Who in your organization is responsible for monitoring, administering and overseeing assistance agreements once received from VA? Please list names and titles.
- Does your organization have a written accounting manual or written policies and procedures for managing finances?
☒ Yes
☐ No
- Does your organization's accounting and financial management system(s) follow Generally Accepted Accounting Principles (GAAP)?
☒ Yes
☐ No
- Does your organization's financial management system track revenues and expenditures and provide financial results separately for each Federal assistance agreement project or program?
☒ Yes
☐ No
- Does your financial management system identify the source and application of funds with records that show obligations, unobligated balances, assets, outlays, income and interest?
☒ Yes
☐ No

7. Does your financial management system report and allow a comparison of outlays to budgeted amounts for each assistance agreement award?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does your organization maintain source documentation to support entries into your financial or accounting system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does your organization have written procedures for drawing funds and issuing payments including ALL of the items below? If no, please select all written procedures that your organization does have: <input type="checkbox"/> Who is authorized to request payment from the Federal government and VA? <input type="checkbox"/> What procedures are used to verify that the requests and payments are accurate? <input type="checkbox"/> What support documents are required for the draw of funds or for making payments? <input type="checkbox"/> When drawdown of funds will occur? <input type="checkbox"/> Minimizing the time elapsed between receiving federal funds and disbursing them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does your organization have written procedures to ensure that costs charged to VA grants are reasonable, allocable, allowable, and that financial reports are issued as required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Does your organization have procedures for receiving and depositing advanced payments or other VA funds into an interest bearing account and for minimizing the time elapsing between receiving the advanced funds and disbursing them (usually within 5 business days) for the intended expenditures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does your organization have requirements for adequate separation of duties or internal controls so that funds are safeguarded and used only for allowable costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does your organization monitor and provide project, program, and financial performance reports to VA?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Does your organization have procedures for preparing and submitting Interim/Final Financial Status Reports (SF-425) as required at least annually by VA?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does your organization have a policy for retaining financial and supporting records for a minimum of 3 years after the award is closed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. Did your organization expend more than \$750,000 of Federal funds in the most recent fiscal year? If No, skip to question 18.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Did your organization obtain an audit in accordance with 2 C.F.R. Part 200, Subpart F – Audit Requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Does your organization currently receive Federal funds for indirect costs under its active VA assistance agreements? If No, skip to question 21.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. What is your current approved indirect cost rate, time period covered by the agreement, and which Federal agency is your cognizant agency for approving the rate?		
20. Does your organization have a procedure to record, track, evaluate, and update your indirect cost rates for approval by your cognizant agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Does your organization have procedures for registering and updating information (including executive compensation and Data Universal Number) in the Central Contractor Registration system (CCR) on an annual basis? (https://www.bpn.gov/ccr) (DUNS - http://www.dnb.com/us/)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Does your organization have procedures for reporting and updating information for sub recipients (including executive compensation) receiving \$25,000 or more in assistance in the Federal Funding Accountability & Transparency Act Subaward Reporting System (FSRS)? (www.fsrs.gov)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

II. Payroll		
(2 CFR 200 Appendix III Section B or 2 CFR 200 Appendix IV Section B)		
23. Does your organization have written payroll policies and procedures including policies for fringe benefits paid to personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Does your organization require all employees to fill out timesheets at least monthly that coincide with one or more pay periods?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Are timesheets required to be signed by the employee, supervisor, or both?	<input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Both	
26. Does your organization's timesheets require employees to record actual hours worked on each project, whether federally funded or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

27. Are actual hours worked away from the office (travel, teleworking, or other special circumstances) identified on timesheets?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Does your organization apply salaries, wages, and benefits consistently to both federally and non-federally funded projects for the same labor categories?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

III. Travel

(2 CFR Part 200.474)

29. Does your organization have written travel policies and procedures requiring travel authorizations and approvals prior to travel and vouchers to support actual costs after the trip?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30. Does your organization have written travel policies and procedures requiring separate levels of review prior to authorizing advances and payments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Does your organization have written travel policies and procedures ensuring that the travel costs claimed and billed are associated with the specific federally funded project?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. Does your organization have written travel policies and procedures ensuring that travel costs are allowable, allocable, and reasonable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

IV. Equipment

Equipment is defined as tangible, non-expendable personal property, with a useful life greater than one year and a per-unit cost greater than \$5,000. Your organization may define equipment differently, as long as the dollar threshold is not greater than the Federal guideline. (2 CFR Part 200.33, 200.48, 200.89, 200.313, and 200.439)

33. Does your organization have written procedures concerning property management and inventory control for items purchased with Federal funds? If your organization does not have equipment, skip to Section V.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. Does your organization take a physical inventory of equipment and compare records at least once every two years? When was the last inventory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/30/2017
35. Does your organization keep ALL of the following records for all equipment? If no, please select all records that your organization does maintain: <input checked="" type="checkbox"/> Description of the equipment. <input checked="" type="checkbox"/> Serial number, model number, or other identification number. <input checked="" type="checkbox"/> Source of the equipment, including award number. <input checked="" type="checkbox"/> Title holder of the equipment. <input checked="" type="checkbox"/> Acquisition date or date received. <input checked="" type="checkbox"/> Cost of the equipment. <input checked="" type="checkbox"/> Percentage of Federal participation in the cost of the equipment. <input checked="" type="checkbox"/> Location, use, and condition of the equipment. <input checked="" type="checkbox"/> Disposition data including the date of disposal and sale price of the equipment. <input checked="" type="checkbox"/> Identification that the equipment is Federal property (if applicable).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

V. Procurement

Procurement is the process for obtaining supplies, expendable property, equipment, real property, and services, including contracting, consultant agreements, sub-awards or sub-grants, or any other types of agreements that transfer Federal funds outside of your organization. (2 CFR Part 200.317-326) (FFATA reporting - 2 CFR Part 170)

36. Does your organization have written procurement policies and procedures that have written standards of conduct that address potential conflict of interests and has disciplinary actions for any individuals engaged in conducting and administering contracts or sub awards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. Does your organization have written procurement policies and procedures that have discussion of cost thresholds (small purchases vs. major procurements) and the procurement authorizations and approvals required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Does your organization have written procurement policies and procedures that have a written requirement to review to avoid unnecessary purchases and to limit purchases to necessary quantities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. Does your organization have written procurement policies and procedures that have a written requirement to review lease vs. purchase alternatives (when appropriate)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
40. Does your organization have written procurement policies and procedures that have a requirement to perform and document a cost or price analyses for all procurements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41. Does your organization have written procurement policies and procedures that have a requirement that procurement transactions maximize open and free competition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

42. Does your organization have written procurement policies and procedures that have provisions for conducting solicitations having: a clear scope of work, requirements and features prospective bidders must meet, a preference to conserving natural resources and the environment, and positive efforts to use small, disadvantaged and minority owned firms when possible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
43. Does your organization have written procurement policies and procedures that have requirements to document; reasoning for the type of procurement being used, the basis for contractor selection, a justification for lack of competition or sole-source procurement, and the basis for award cost and price?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
44. Does your organization have written procurement policies and procedures that have provisions that ensure that goods and services are received, approved, and acceptable before payments are made?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
45. Does your organization have written procurement policies and procedures that have provisions that no contract or sub-award will be entered into with parties that are debarred, suspended, or excluded from Federal assistance programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
46. Does your organization have written procurement policies and procedures that have provisions in the contract or agreement for termination and Federal access to contract records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
47. Does your organization have written procurement policies and procedures that have guidelines for documenting contract files?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
48. Has your organization awarded contracts or sub-agreements under any of your current VA assistance agreements? If No, skip to Section VI.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Does your organization have written agreements with contractor's or sub recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50. Did your organization check the Excluded Party List System (http://epls.gov) to ensure the successful recipient is not suspended or debarred from Federal contracting or receiving Federal funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Were any of these contracts or agreements more than the Federal Small Purchase threshold of \$100,000, or were not competed, or only one bid was received? If No, skip to question 53.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Was VA review and approval required for the contract or agreement prior to your awarding it or did VA provide written comments on the award?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
53. Has your organization awarded contracts to consultants under any of your current VA assistance agreements? If No, skip to question 56.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
54. Does your organization have controls to ensure that charges to VA agreements do not exceed VA's allowed direct hourly rate for consultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
55. Do your consulting agreements specify the services to be provided, duration and pay rates that include base rate, fringe benefits, and overhead?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
56. Does your organization have any agreements, sub-agreements or loans that involve federally funded construction, alteration or repair contracts over \$2,000 that require compliance with the Davis-Bacon Act? If No, skip to question 60.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Did the contract or agreement contain the required clauses for complying with Davis-Bacon Act (DBA) wage rates, reporting requirements and include a wage rate determination from the Department of Labor at http://www.wdol.gov/ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
58. Did your organization, sub-recipients or borrowers receive and review certified weekly payroll records per Department of Labor form WH-347 for DBA projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
59. Did your organization conduct labor interviews per DOL form SF-1445 (or equivalent) and/or require sub-recipients to do so for DBA projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. Recipient Match

A matching or cost sharing requirement may be satisfied by: (1) Allowable costs incurred by the grantee, sub-grantee or a cost-type contractor under the assistance agreement. This includes costs borne by non-Federal assistance agreements or by other cash donations from non-Federal third parties. (2) The value of third party in-kind contributions applicable during the period of the cost sharing or matching requirement. (2 CFR Part 200.306)

60. Do any of your organization's active VA assistance agreements include Matching, Cost Sharing and/or In-Kind costs?
If No, skip to Section VIII.

☐ Yes
☐ No

NA

Project Abstract: Operation Forefront – Adaptive Sports Initiative

Fayetteville Cumberland Parks and Recreation is requesting funding for Operation Forefront – Adaptive Sports Initiative. This project has been developed to provide a necessary boost to our ongoing adaptive sports programming. Currently we offer several ongoing adaptive sports programs on a monthly/weekly basis that include but are not limited to wheelchair basketball, boccia, air rifle and archery. The proposed project will focus on strengthening our two most successful programs which are wheelchair basketball and boccia.

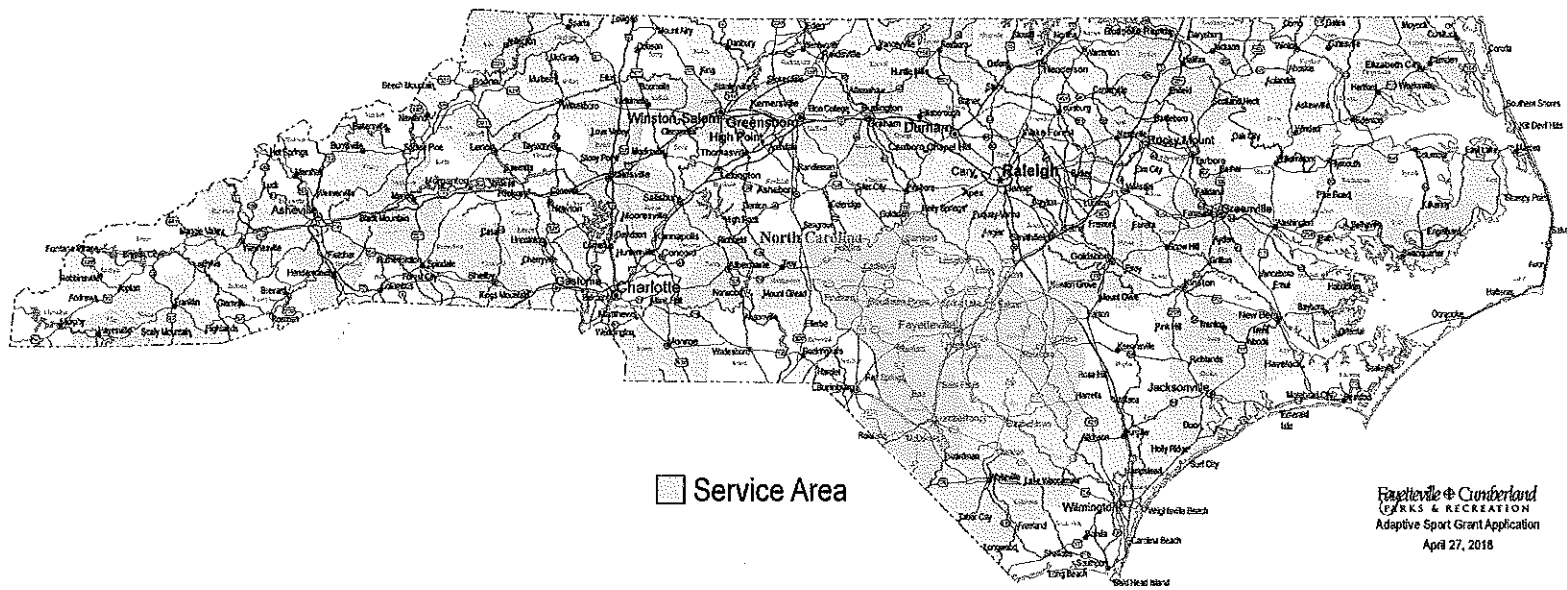
Since July 1st of 2017 we have had a total of 23 Disabled Veterans participate with our adaptive sports programs. Currently we have ongoing working relationships with the Fayetteville VA Medical Center Recreation Therapy Department, Fort Bragg Warrior Transition Battalion, and the Mid-Atlantic Chapter of the Paralyzed Veterans of America. These relationships as well as others assist us in engaging potential Veteran participants throughout our community.

The Operation Forefront – Adaptive Sports Initiative proposal is requesting \$15,000 to cover the cost of purchasing equipment to expand the wheelchair basketball and boccia programs. The plan includes the purchase of 6 all sport wheelchairs, replacement tire tubes, 8 basketballs, and 2 boccia sets.

Currently our wheelchair basketball program operates only for individuals that can provide their own wheelchair. The additional equipment will allow us the opportunity to expose new Disabled Veterans and Members of the Armed Forces in our community to the sport of wheelchair basketball. The all sport wheelchairs would also allow us the opportunity to host introductory clinics in wheelchair basketball as well as potentially wheelchair tennis.

Our ongoing boccia program currently has 6 consistent participants that meet bi-weekly throughout the year. The additional equipment will allow us to add more courts to the program and increase the total number of participants we can accommodate. The simplicity of the boccia program makes it a great feeder program into other adaptive sports.

The Operation Forefront – Adaptive Sports Initiative proposal has been designed to allow us to the ability to accommodate more individual Disabled Veterans and Members of the Armed Forces from throughout our community in our two most successful programs. The plan is for the increase in active participants to allow us the opportunity to explore additional adaptive sports opportunities. The primary need to continue the expansion of our programs is the purchase of additional equipment. Our relationships with community organizations and our proximity to Fort Bragg help to make this a worthwhile investment.



Service Area

Fayetteville & Cumberland
PARKS & RECREATION
Adaptive Sport Grant Application
April 27, 2018