

**United States Olympic Committee
Paralympic Sport Club
APPLICATION**



Date of Application:

AGENCY INFORMATION

Name of Agency:		
Agency Director (or individual authorized to sign contracts):		Agency EIN#:
Agency Representative (regarding application & future club information):		Title:
Street address:		
P.O. Box:		City:
State:	Zip	E-Mail:
Phone:		Fax:
Agency website (with direct link to program site):		
Date agency formed:		
Agency corporate status and IRS designation:		
List service area [county(s), city(s), town(s), park district(s), school district(s)]:		
Population of service area:		
Congressional district:		
Does your agency currently offer sport/recreation programs for people with physical & visual disabilities on a minimum of 40 days per calendar year? Yes No		
When did agency first offer sport/recreation programs for people with physical and visual disabilities?		
What type of programming is offered by the agency: Recreational Competitive Both		

Indicate the current sports offered (Check all that apply):

Archery	Boccia	Cycling	Canoe/Kayak	Equestrian	Fencing
Goalball	Judo	Paratriathlon	Powerlifting	Rowing	Sailing
Shooting	Sitting Volleyball	Soccer	Swimming	Table Tennis	
Track & Field	Wheelchair Basketball	Wheelchair Rugby	Wheelchair Tennis		
Alpine Skiing	Biathlon	Cross Country Skiing	Sled Hockey		
Wheelchair Curling					
Other:					

State the mission of the organization (attach promotional materials if available):

Indicate type(s) and age range of persons with a physical or visual disability served (check boxes that apply):		
Amputee:	Youth (17 and under)	Adults (18 and older)
Blind/Visually Impaired:	Youth (17 and under)	Adults (18 and older)
Cerebral Palsy:	Youth (17 and under)	Adults (18 and older)
Dwarfism:	Youth (17 and under)	Adults (18 and older)
Spina Bifida:	Youth (17 and under)	Adults (18 and older)
Spinal Cord Injury:	Youth (17 and under)	Adults (18 and older)
Traumatic Brain Injury:	Youth (17 and under)	Adults (18 and older)
Intellectual Disability	Youth (17 and under)	Adults (18 and older)
Other (please specify youth and/or adult):		
Does your agency currently offer sport/recreation programs for veterans or active duty military?		
Yes	No	In Future
If appropriate, please describe recreation/sport facilities operated or utilized by your agency (attach descriptive materials if available):		
What is the overall agency's current annual operating budget?		
What is the current annual operating budget for sport/recreation programs for people with physical & visual disabilities?		
How many agency staff?	Full Time: Seasonal/Part-time:	Number of staff with a physical or visual disability?
Is any of your agency/staff a member of any of the following organizations:		Yes No
BlazeSports America Club?		Yes No
Disabled Sports USA Chapter?		Yes No
National Recreation & Park Association?		Yes No
United States Association of Blind Athletes Chapter?		Yes No
Wheelchair and Ambulatory Sports USA Chapter?		Yes No

How many agency staff are Certified Therapeutic Recreation Specialists?

Are any of your coaches certified through National Governing Bodies coaching education?
If yes, which sport?

Paralympic Sport Club Information

Does the applying agency understand the following [refer to "Paralympic Sport Club (PSC) Overview" found online at www.usparalympics.org under Community Programs]? *(please check)*

Program Overview

Paralympic Sport Club Benefits

Paralympic Sport Club Performance & Responsibilities

Is the agency committed to the long-term success and sustainability of a Paralympic Sport Club?

Yes

No

List local collaborating organizations and agencies that provide services to people with physical or visual disabilities or who can serve as a resource to your PSC including rehabilitation hospitals, VA hospitals, children's hospitals, independent living centers, disability service agencies (e.g. Easter Seals, United Cerebral Palsy), colleges and universities:

Submitted by:

Name (Print)

Title

Date

Signature

For Internal USOC Use ONLY:

Paralympic Sport _____ **- A Program of** _____

Approval Date: _____ **Signature:** _____

SUBMIT YOUR APPLICATION VIA EMAIL, FAX OR REGULAR MAIL:

United States Olympic Committee
Paralympic Division
Attn: Susan Rossi
1 Olympic Plaza
Colorado Springs, CO 80909

Fax: (719) 866-2029
Attn: Susan Rossi

E-mail:
susan.rossi@usoc.org

Questions? Call or e-mail Susan Rossi at (719) 866-2141 or susan.rossi@usoc.org
Additional applications are available for download at www.usparalympics.org

Applicants will be notified within 21 days from the date the application is received by the USOC. If you have not heard from a USOC representative within that timeframe, please call and verify the application was received. Additionally, we recommend that you keep a copy of the application for your records.