



**Paralyzed Veterans
of America**

Buckeye Chapter

**Paralyzed Veterans of America
Buckeye Chapter, Inc.
26250 Euclid Avenue, Suite 115
Euclid, Ohio 44132
(216) 731-1017 • (800) 248-2548 • Fax (216) 731-6404**

www.buckkeypva.org

PARALYZED VETERANS OF AMERICA
BUCKEYE CHAPTER
INDIVIDUAL SPORTS PROGRAM

The purpose of the Individual Sports Program (ISP) is to support and encourage members who wish to participate in competitive events in the sport or sports of their choice.

ISP funds are not intended, and therefore not available, for events to which the Buckeye Chapter is sponsoring, a team, for example, the Buckeye Wheelchair Games and the National Veterans Wheelchair Games, or events of which the Chapter is a named sponsor (e.g. Buckeye Cup Basketball Tournament, etc.)

Also excluded from this program are instructional camps & clinics or tournaments you are attending as a member of a Buckeye PVA sponsored team. For these types of activities, the appropriate way to seek funding is to submit a proposal to the Chapter Board of Directors.

In order to be sure that everyone is aware of the Individual Sports Program and how it works, we have updated and clarified the ISP Guidelines. All applications for funding will be evaluated, and approved or denied, according to these guidelines. Failure to follow these guidelines will be reason for denial of funding or dismissal from the program.

1. Participation in the Individual Sports Program shall be open to all eligible Buckeye Chapter members after 90 days of membership in good standing. Sports Associate members will become eligible for ISP benefits at the start of their second consecutive year of Sports Associate membership so long as they have been a continuous Sports Associate member for two consecutive years leading up to the request. This includes the payment of yearly dues.

2. Benefit Limits

- a. PVA Regular Members - \$500 per event/\$2000 per year
- b. Sports Associate Member - \$250 per event/\$1000 per year

The benefit year runs from October 1 to September 30. All payments are subject to availability of funds.

3. Covered Expenses

- a. Registration/Entry Fee
 - b. Banquet Fee
 - c. EITHER Transportation or Hotel cost, whichever is greater.
- (i) travel by plane, train or bus is limited to the cost of the round trip ticket.
 - (ii) travel by your own vehicle is limited to roundtrip mileage at a rate of \$.14 per mile up to the cost of a roundtrip airplane ticket. Mileage will be determined by the Chapter office with the use of Mapquest from home to event and back.

EXCLUSIONS: Vehicle rental

Parking

Tolls

Room charges beyond the night before the first day of competition and the night of the final day of competition.

Incidental hotel or travel expenses - Meals (except banquet at event), room service, movie rental, phone calls, laundry, etc.

4. How to Apply

All requests must be submitted on an ISP Funding Application Form. A supply of this form accompanies these guidelines. You may photocopy as needed, or request additional forms from the Chapter office. Be sure that you keep one or two on hand as the form must be submitted at least one month prior to the event you plan to attend.

Fill out the front of the form. Failure to provide all the information requested will result in a delay in processing, any could jeopardize your funding.

Enclose a copy of, or an original of the event brochure or flyer.

Provide estimated costs of all expenses. This will enable us to monitor the availability of funds for future applications.

NO VERBAL OR PHONE REQUESTS WILL BE ACCEPTED.

APPLICATIONS RECEIVED LESS THAN 30 DAYS PRIOR TO THE EVENT WILL NOT BE CONSIDERED FOR FUNDING.

APPLICATIONS MEETING THE ABOVE CRITERIA WILL BE REVIEWED AND THE APPLICANT WILL BE NOTIFIED OF ITS APPROVAL OR DENIAL BY PHONE.

5. Reimbursement

Reimbursement will be made when proof of payment for all claimed expenses is received at the Chapter office. These receipts **MUST BE SUBMITTED FOR PAYMENT WITHIN 30 DAYS OF THE CLOSE OF THE EVENT.**

Acceptable proofs of payment:

For Registration and/or Banquet fees - a copy of your canceled check or a copy of the registration form sent to the event registrar.

For Travel see Item 3 under covered expense

For Lodging - paid invoice, credit card receipt, cash register receipts

In all cases, receipts should clearly show the date and name of the establishment paid.

If you have any questions about the Individual Sports Program, or your participation in it, we would be happy to talk to you about it. Please feel free to call the Chapter office at (216) 731-1017 or 1-800-248-2548 during regular business hours.

When you send in your receipts, we recommend you send a summary of the event and your results. along We will be happy to publish your results in the Banner newsletter, and let everyone know what our members are up to. Photos are welcome too as long as you provide a photo release form found on www.buckeyepva.org. This is a great way to spread the word about the variety of competitive opportunities available to the athletically inclined.



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FUNDING APPLICATION

Please Print

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP _____

E-mail: _____

EVENT INFORMATION

Event: _____ Dates: _____

Location: _____

Hotel: _____

Transportation via: (i.e. Air; Car; Train; Bus) _____

Estimated Expenses:

Registration Fee \$ _____

Banquet Fee \$ _____

Hotel \$ _____

Transportation \$ _____

All applications must be postmarked a minimum of 30 days in advance of the event and sent to the Buckeye Chapter office – Paralyzed Veterans of America, Buckeye Chapter; 26250 Euclid Avenue #115; Euclid, OH 44132