TRUE PATRIOT LOVE

CANADA'S FOUNDATION FOR THE MILITARY COMMUNITY

Adaptive Sports Fund
2026 – 2027 Application Form

The unique circumstances of military service, including training injuries, operational stress, deployments, and transitions to civilian life, may have lasting impacts on the physical and mental well-being of Serving Members of the Canadian Armed Forces, Veterans, and their families.

There is a long history of the use of sport, recreational activities, and adventurous training, in the recovery and rehabilitation of military personnel who were wounded, have become ill or sustained an injury during, or as a consequence of their service. From existing research and inaugural research in Canada on the winter Invictus Games, we know that there is a role for adaptive sports in recovery, rehabilitation, and longer-term well-being, purpose and connection with community.

As a part of the Invictus Games 2025 Legacy, True Patriot Love has established the Adaptive Sports Fund to increase participation and reduce barriers for Serving Members, Veterans and their families to participate in year-round adaptive sports activities.

In support of Canada's military and Veteran community, the Fund provides grants of $5,000 to $75,000 to support programs that

- Increase access to adaptive sport opportunities
- Reduce barriers to participation
- Expand availability of adaptive sport equipment
- Improve accessibility of facilities and programming
- Support rehabilitation, recovery, and wellbeing through sport

During this first year, the 2026 Adaptive Sports Fund is in a pilot phase to allow for communication with community-based organizations across the country and to offer a year-round funding opportunity. Based on learnings, changes may be implemented in the future.

Programs may be seasonal or year-round.

To learn more, visit: https://truepatriotlove.com/community-grants/adaptive-sports-fund

If you have any questions or would like to learn more about the Fund, please email funding@truepatriotlove.com.

Organization Information

1. Name of Organization *

2. Canadian charitable registration number. If you are a not-for-profit and do not have a CRA registration number, it is mandatory for you to partner with a registered charity. Strong preference for partnerships with military-registered charities.

3. Primary Contact Name *

4. Job Title *

5. Phone Number *

6. Organization Address (Street, City, Province, Postal Code) *

7. Is any individual in your organization affiliated with a current Government Official or candidate running for office?
   No
   If yes, please enter the name of the individual(s).

8. Organization website (if available)

9. Organization mission and primary activities *

10. Please list your current board members and their functions. *

11. Are you working with an administrative partner for this project?

No

Administrative partner information (if applicable)

Complete this section if your organization is working with a registered charitable administrative partner to receive and administer True Patriot Love funding.

1. Administrative partner legal name

2. Administrative partner Canadian charitable registration number

3. Administrative partner primary contact: full name, job title, telephone and email

4. Administrative partner mailing address: street, city, province/territory and postal code

5. Administrative partner website (if available)

6. Describe the administrative partner's mission and purpose.

7. List the administrative partner's current board members and their roles.

8. Is any individual in your organization affiliated with a current government official or candidate running for office? If yes, explain.

Project Overview

12. Amount requested from True Patriot Love. *

13. Total budget required for project. *

14. Project Name *

15. What type of adaptive sports activities will be offered? (Select all that apply.) *

- [ ] Adaptive Winter Sports
- [ ] Adaptive Summer Sports
- [ ] Year-Round Adaptive Sports
- [ ] Equipment Access

Other:

16. Outline the need for this adaptive sports program within the military and Veteran community. Please include references to any available research studies and/or statistics supporting the need within the military and Veteran community.

Focus on:

- the specific problem or gap in services
- barriers to participation (e.g., cost, accessibility, equipment)
- relevant evidence, data, or community feedback

(Maximum 400 words) *

17. Describe the adaptive sports programming you will deliver.
    Please include:
    program frequency and duration
    types of activities
    participant experience level
    delivery format (e.g., seasonal, ongoing)
    If applicable, describe how this program supports year-round participation in adaptive sport.
    (Maximum 400 words) *

Program Design

18. Adaptive Equipment and Accessibility:
    Please describe:
    the adaptive equipment that will be used or purchased
    how the equipment will support different injuries (including invisible injuries), disabilities, or mobility needs
    (Maximum 300 words) *

19. Coaches and Program Staff
    Please describe the qualifications or training of coaches, instructors, or facilitators delivering the program.
    (Maximum 300 words) *

Participants and Reach

20. Expected number of participants. *

21. What is the project's target geographic area?
    Please answer in point form and if applicable, please describe if this location influences access to adaptive sport (e.g, rural access, limited facilities, regional gaps). *

22. Participants and Outreach *
    Describe your intended participants and how you will reach, recruit, and communicate with them.
    Please include:
    participant profile (e.g., Veterans with visible and/or invisibleinjuries, serving members, families)
    recruitment methods (e.g., referrals, waitlists)
    outreach and communication strategies
    (Maximum 300 words)

Impact and Outcomes

23. Identify up to three intended outcomes and show how project activities will contribute to them.

Key activity	Expected outcome/change	Activities/tools used to measure outcome/change*	Indicator of success

*Example: Attendance, pre/post questionnaires, interviews, feedback, observations, etc.

24. Is there any independent or third-party evaluation or research associated with this program, either currently underway or planned?

☐ Yes — currently underway ☐ Yes — planned ☐ No

25. If yes, identify the research or evaluation partner, purpose and expected timeline.

26. Are there any anticipated challenges for the successful execution of this initiative? If yes, how will you address them?

Consider:
participant recruitment or retention
equipment availability
safety considerations

seasonal or environmental factors
(Maximum 300 words) *

Sustainability

27. Explain why your organization is the best suited to develop, run and complete this program. Describe the resources on which you will draw, including human resources (paid staff, volunteers). (Maximum of 250 words.) *

28. How do you plan to keep the project active beyond the time period covered by True Patriot Love's funding?
(Maximum of 250 words) *

29. If adaptive equipment is purchased through this grant, describe how it will continue to benefit the Veteran community beyond the program period. Include your plan for ongoing maintenance and

sustainability, as well as the equipment's anticipated lifespan.
(Maximum of 250 words) *

Partnerships and Volunteers

30. Please list any key partnerships supporting this project and briefly describe their role.
Examples:
adaptive sport organizations
rehabilitation centres
Veteran organizations
community recreation facilities *

31. Will Veterans volunteer in the delivery of this program? Please describe your volunteer involvement and approach.

☐ Yes — Veterans will volunteer ☐ No ☐ To be confirmed

32. Veteran Volunteers: If yes or to be confirmed.

If veteran volunteers will be involved:

(a) does your organization have experience onboarding and supporting veteran volunteers? If yes, please describe.

(b) their anticipated roles, responsibilities and time commitment;

(c) how volunteers will be recruited, trained, supported and supervised.

Timeline

33. Project Start Date *

34. Project End Date

35. Please provide a brief timeline with major milestones. *

Budget

Please download and complete the budget form: https://bit.ly/4zuTeWU

Please note: A completed project budget is a mandatory component of your application. Applications submitted without a proposed budget will be considered incomplete and will not be reviewed.

Instructions for Downloading the Budget Template:

1. Click here to access the Budget Template.
2. Once the file opens, select File in the upper-left corner.
3. Click Create a Copy.
4. Select Download a Copy to save the template to your computer.

Budget Submission Instructions:

Once completed, please email your budget to funding@truepatriotlove.com using the following subject line:

[Organization Name] – (Funding Stream Name) – Budget

Additional Budget Information (Optional):

36. Will beneficiaries be required to pay a fee to take part in this project? *

No

37. If yes to the question above, what will the fee amount be?

Additional Information

38. Have you previously received funding from True Patriot Love? *

No

39. How will you acknowledge True Patriot Love's support if funding is awarded?

40. Additional Supporting Documents (if applicable)

Please email any additional supporting documents to **funding@truepatriotlove.com**.

Supporting documents may include:

- Blank participant surveys or evaluation tools
- Partnership confirmation letters
- Supporting research or evidence
- Administrative partner documentation
- Other relevant materials that strengthen your application

Email Subject Line: [Organization Name] – (Funding Stream Name) – Additional Documents

41. Is your organization registered on the Veteran Hub: https://www.veteranhub.ca/? Not required for True Patriot Love funding.

No

42. Please provide additional information you would like the review committee to consider. (Maximum 300 words)

Declaration

43. We confirm that all organizations and programs supported by this funding have appropriate and relevant safeguarding policies and background and reference checks on staff and volunteers in place to ensure the safety and security of all participants. *

No

44. Does your organization carry liability insurance for program delivery?

No

45. If yes, please provide details (provider, type of coverage, and coverage amount).

46. Submitted By: *

47. Date of Submission