

If needed, please utilize this form to gather information to submit your 2022 PGA HOPE OEP application.

Program Information:

PGA HOPE Program Name:

Lead Professional Name:

Lead Professional Email:

Facility Name:

Facility Address:

If you have a back up Lead Professional, please list him/her here:

How many veterans do you anticipate serving at this Program Location in 2022?

Do you have a contact with a VA hospital or clinic closest to this location? **Yes/No**

VA hospital contact information.

Name:

Phone Number:

Email:

Program Session Information:

How many sessions will you be hosting at this location?

For each session, please indicate which quarter you plan to hold the session (Q1-Q4) and an estimated number of veterans to be served at each session.

Budget Information:

Please only include expenses related to this program location. Reminder: funds requested must be utilized only within their program locations. A sample budget is [located here](#).

Golf Course Access	
Range Access	
Facility Expenses	
Instructor Fees (Honorariums)	
Program Equipment	
Food & Beverage	
Participant Gifts (Optional)	
Introductory Clinic (Optional)	
Graduation Ceremony (Optional)	
TOTAL PROPOSED BUDGET	