



ACCESSIBILITY PROJECT COMPLETION DOCUMENTATION

Complete form in its entirety and return to:

NRA – Adaptive Shooting Program, 11250 Waples Mill Road, Fairfax, VA 22030 or e-mail Adaptiveshooting@nrahq.org

A. REQUESTING ORGANIZATION INFORMATION

REQUESTING ORGANIZATION NAME:	
REQUESTING ORGANIZATION ADDRESS:	

B. ACCESSIBILITY PROJECT COMPLETION DETAILS

Use Additional Information (Section E) to provide project details. Attach invoices and/or receipts for work/materials and photographs of the facility areas/components that were built or modified.

Project Start Date:	Project Completion Date:
Project Supervisor/Contact:	Phone - Day: ())
Physical Address of Project:	Phone - Evening: ())
	E-Mail Address:

C. FACILITY ACCESSIBILITY

Check all areas/facility components that were built, modified or removed as a part of this accessibility project. Use additional spaces to identify areas or components not initially included.

<input type="checkbox"/>	Parking	<input type="checkbox"/>	Indoor Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sidewalks	<input type="checkbox"/>	Outdoor Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ramp	<input type="checkbox"/>	Range Entry/Exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clubhouse Entry/Exit	<input type="checkbox"/>	Range Walkways/Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. ADAPTIVE SHOOTING EQUIPMENT

Use the provided spaces to identify, quantify and describe equipment purchased or installed as part of this project. Attach invoices and/or receipts.

Equipment	Quantity	Description

