Applying for a Reeve Foundation Quality of Life Grant: Direct Effect & Expanded Impact

Technical Assistance Webinar
February 1, 2023
Questions

QOL@ChristopherReeve.org
Webinar Overview

- Introduction to the Reeve Foundation National Paralysis Resource Center and Quality of Life Grants Program (QOL)
- Application Process
- Direct Effect Grants Application
- Expanded Impact Grants Application
- Review Process/Grant Selection
- Award Notification
Introduction to the Reeve Foundation

The Christopher & Dana Reeve Foundation is *paralysis-focused*, and as such, our grant funding must be targeted to projects that will serve individuals living with paralysis, their families, and caregivers.

The Reeve Foundation uses a functional definition of paralysis: difficulty and/or inability to use arms and/or legs due to neurological conditions including (but not limited to) spinal cord injury, traumatic brain injury, stroke, cerebral palsy, spina bifida, ALS, post-polio syndrome, etc.
National Paralysis Resource Center

In partnership with the Administration for Community Living, the National Paralysis Resource Center (NPRC) provides much-needed free educational information, programs, emotional support, and individualized assistance to Americans living with paralysis, along with their caregivers, families, and medical professionals.

“Once you choose hope, anything’s possible.”
— CHRISTOPHER REEVE

*Cooperative Agreement Grant Number: 90PRRC0002*
Snapshot of Impact

Information Specialists
117,000+ families have received one-on-one assistance in 170 languages

Reeve Summit: Where Care, Cure and Community Connect
Annual summit with a spectrum of care and cure topics designed for the community and professionals

Quality of Life Grants
$37 million+ awarded to over 3,550 non-profit programs in all 50 states

Paralysis Resource Guide
225,000+ copies distributed to the Reeve Foundation’s community

1st call made when loved one is diagnosed with paralysis

Virtual Community
3M+ users visit ChristopherReeve.org and social media channels annually

Health-Related Materials
250,000+ pageviews, video views and downloads of educational content annually

Military and Veterans Program
Supports the unique needs of service men and women regardless of when they served or how they were injured

Peer & Family Support Program
20,000+ people have received support from 500+ certified peer mentors who are also living with paralysis

Christopher & Dana Reeve Foundation
TODAY'S CARE, TOMORROW'S CURE
Free Materials & Resources

Books

Wallet Cards

Fact Sheets

Publications
Ask us anything

Our team of Information Specialists is available to answer questions and provide individualized support. We're on hand to help whether you've sustained an injury, or are getting in touch on behalf of someone else.

Ways to ask us a question

Give us a call

Our information specialists are available Mon-Fri, 9am-5pm ET. You can also leave a message, if you are calling after hours.

1-800-539-7309

Schedule a call

Schedule a call with an information specialist at a convenient time.

Send a question

Use our form. An information specialist will respond as soon as possible.
Quality of Life Grants Program

The Quality of Life Grants Program impacts and empowers people living with paralysis, their families and caregivers by providing grants to nonprofit organizations whose projects and initiatives foster inclusion, involvement and community engagement, while promoting health and wellness for those affected by paralysis in all 50 states and U.S. territories.
Application Tools

Grant Application and Program Guidelines

People First Language Guide

Quick Guide to Establishing Evaluation Indicators

Videos and Tutorials

All are available on our website at:
https://www.christopherreeve.org/get-support/grants-for-non-profits/application-process
Eligibility

- New Building Community Capacity Initiative
  - Under our new five-year (July 1, 2021-June 30, 2026) cooperative agreement with the Administration for Community Living (ACL), we strive to ensure a level playing field and opportunities for the numerous organizations that apply for QOL grants that serve people living with paralysis. Under this initiative, organizations that are awarded a grant during the July 1, 2021-June 30, 2026, period will not be eligible for a second or subsequent award in the same category of grants until after June 30, 2026.

  - Grantees awarded during this period may apply for funding under a different tier or different category of grants within the same tier. All awarded applicants can re-apply for funding after one year of the close of your grant and notification of grant closure by the Reeve Foundation.
Tiered Grants Structure for this Cycle

**Direct Effect (Tier 1)**
- Tier 1 - Up to $25,000 (must be completed within 12 months)
- Open-Focus
- Examples of previously funded programs:
  - Sports wheelchairs for wheelchair basketball team; adapted glider in a community playground; kayak for a rowing program; hydraulic lift at a pool; electronic door openers at a community pool; workshop education on sex and sexuality with a spinal injury; wheelchair accessible picnic table at a county fairground; camp programs; support groups, etc.

**Expanded Impact (Tier 5)**
- Tier 5 - Grants of $100,000 (must be completed within 24 months)
For previously awarded Quality of Life grantees whose programs and/or projects have achieved demonstrable, successful impact.
Types of Direct Effect (Tier 1) Projects Funded

- Sports wheelchairs for a wheelchair basketball team
- Adapted glider in a community playground
- Kayak for a rowing program
- Accessible gym equipment
- Hydraulic lift at a pool
- Electronic door openers at a community center
- Workshop education series on sex and sexuality with a spinal cord injury
- Wheelchair-accessible picnic table at a county fairground
- Program for preventing abuse in adaptive sports
- Camp programs
- Subsidized lessons for therapeutic riding
- Transportation costs for an inclusive after-school program
- Support groups
Accessing the Online Grants Portal

Reeve Foundation online grants portal
(https://www.grantinterface.com/Home/Logon?urlkey=christopherreeve)

QOL@ChristopherReeve.org

administrator@grantinterface.com
Quality of Life Grants: Direct Effect & Expanded Impact Cycle

March 8, 2023
- Proposals Due

External Review
- March 13th
- April 6th

Internal Review
- April 10th
- May 1st
Accessing the Online Grants Portal

Logon Page

Email Address*

Password*

Log On  Create New Account

Forgot your Password?

Apply for a Reeve Foundation Quality of Life Grant

First-Time Applicants

Click on the link for the grants portal and create an organization profile, using your email address and a password that you create. Once you create an organization account you will be able to access the grant application. You may return to the application at any time using this same link. If you forget your password, click on "Forgot Your Password" and you will receive an email with the information.

Returning Applicants

Enter an email address and password that is already connected with the organization's account. If you do not remember the password, click on "Forgot Your Password" and you will receive an email with the information. If you do not remember or have access to the email account related to the organization, contact QOL@ChristopherReeve.org for assistance.

There must be an organization profile/account in the online system for you to access the application. If you are not sure if your organization has already created an organization profile or previously applied for a grant, contact QOL@ChristopherReeve.org. Please do not create a duplicate organization profile, as all
The **Expanded Impact** Quality of Life grants program is open to previously awarded Quality of Life grantees whose programs and/or projects have achieved demonstrable, successful impact. This grants program will award approximately four (4) grants of up to $100,000 each and will support significant expansion of strategies and programs that are evidence-based, show innovative promising practices, and/or best practices in the field. They serve to improve quality of life for people with paralysis, their families, and caregivers. **Project must be completed within 24 months.**

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The **Direct Effect** Quality of Life Grant (Tier 1) is open-focused and will award at least 29 grants of up to $25,000 to support a wide range of projects and activities. Grants will fund specific budget items that will clearly impact individuals living with paralysis and their families, and the project must be completed within 12 months. Examples of funded projects may include (but are not limited to):
- sports wheelchairs for a wheelchair basketball team;
- adapted glider in a community playground;
- kayak for a rowing program;
- accessible gym equipment;
- hydraulic lift at a pool;
- electronic door openers at a community center;
- workshop education series on sex and sexuality with a spinal cord injury;
- wheelchair accessible picnic table at a county fairground;
- program for preventing abuse in adaptive sports;
- camp programs;
- subsidized lessons for therapeutic horseback riding;
- transportation costs for an inclusive afterschool program; and support groups. These grants will have a short- to medium-range impact. Long-range impact and sustainability are not expected for projects funded at this level.
Application Deadline

WEDNESDAY, MARCH 8TH AT 11:59 pm EASTERN TIME

PLEASE READ:

The language we use to discuss people living with disabilities matters. Words have the power to not only define what is possible, but to dangerously diminish and dismiss the value of another human being.

Applications to the Reeve Foundation's Quality of Life Grants Program come from organizations and individuals who work hard each day to improve the lives of people living with paralysis. Part of that work must also be to understand and consistently use language in both conversation and on paper that is inclusive and respectful.

Before submitting your grant application, please take a few moments to read these Guidelines for Discussing People with Disabilities.

Please note that these guidelines specifically refer to “person-first language” which puts a person before their diagnosis, such as being a person with a disability. The Reeve Foundation respectfully supports the fact that many disabled people proudly use “identity-first language” which leads with a person’s diagnosis, such as “being a disabled person.”

The intent of these guidelines is not to promote one language over the other, but to deter applicants from using potentially harmful and offensive language. The Reeve Foundation supports both person-first and identity-first language and we encourage the use of whichever language allows the user to feel empowered.

In addition, please be sure to review the Application and Program Guidelines as there have been changes to our grants program.

If you do have questions please contact QOL@ChristopherReeve.org before proceeding.

Review Language Guide

We confirm that we have read and understand the Reeve Foundation's Guidelines for Discussing People with Disabilities.

☐ Yes
☐ No
Eligibility

Quality of Life grant applications are accepted from 501(c)(3) nonprofit organizations, municipal and state governments, school districts, recognized tribal entities, and other institutions such as community or veterans hospitals.

- An organization must have its own 501(c)(3) tax status (or be a part of or chapter of a national organization that is a 501(c)(3) nonprofit organization).
- Fiscal Sponsors CANNOT apply on behalf of non-501(c)(3) nonprofit organizations.
- 501(c)(4) organizations that do not have 501(c)(3) status are ineligible.

If you have a CURRENT or OPEN grant from the Reeve Foundation under any grant program or tier, you are INELIGIBLE to receive funding in this grant cycle.

Previous grantees may apply for this cycle ONLY after one year of the close of your grant and notification of grant closure by the Reeve Foundation.

Christopher & Dana Reeve Foundation Paralysis Resource Center (PRC) Quality of Life grants are funded through a federal cooperative agreement with the Administration for Community Living (90PRRC0006-02-00).

In accordance with our Federal cooperative agreement, the Reeve Foundation is prohibited from funding the following:

- Grants awarded directly to individuals
  - This includes MONEY given to an individual participant in a grant program such as:
    - A stipend or incentive to participate in a program
    - A stipend or honorarium paid to a speaker at an event is allowable because it would be part of the program cost, but money cannot be given to an individual to attend the program.
    - Scholarships can be provided for an organization to offer free services (e.g., therapeutic horseback riding lessons) to an individual provided money never exchanges hands with the individual receiving the scholarship to pay for the services, lessons, etc.
    - Money for a family to pay for respite or transition services. (Funds may be used by an organization to provide respite or transition services to individuals, but money cannot be given to the individual/family to pay for the services.)
    - Travel reimbursements for participants to take part in a program. (Funding may be used for travel reimbursement for personnel (e.g., coaches, etc.) as they are part of the program. Providing travel to individuals may be included as a part of the program (such as travel for a team to attend an adaptive sporting event), but no money must exchange hands with the individuals)
  - This also includes any expense that would be seen as a "gift to an individual" such as a "ready bag" for disaster preparedness, t-shirts for a camp, jerseys and uniforms, trophies, a home modification, gift cards for participants, etc.
- For-Profit Companies
  - This also includes Nonprofit organizations acting as a Fiscal Sponsor for a for-profit company
  - Organizations that do not have its own 501(c)(3) tax determination status.
  - Organizations that are a 501(c)(4) and not a 501(c)(3).
- Organizations and projects that are based outside of the United States
- Projects that utilize contractors or vendors outside of the United States
Research

Rehabilitative Therapy
- However, programs that assist people living with paralysis to participate in exercise opportunities are allowable.
  - Programs that use physical or occupational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.
  - Exercise opportunities that are facilitated by someone who, for example, has a bachelor's degree in exercise science or is a certified fitness instructor would be an allowable expense.
• **Equipment**
  ○ However, it is allowable to fund **Loan Closets**. Otherwise equipment provided to individuals to keep is considered a gift. Requests for loan closets must include a specified period of time. A device loan is typically 4 to 8 weeks (and sometimes up to 9 weeks/3 months) and enables individuals to try out and familiarize themselves with Assistive Technology or Durable Medical Equipment before acquiring it on their own. Open ended and long-term loan closets will not be considered. (This also applies to ramps.)
  ○ Equipment can be funded if it **Provides Access** and/or **Promotes Independence**. Examples include:
    • **Providing Access**: Adaptive strollers that are used as part of a program, are not given out to individuals and remain onsite; a transfer chair at a community pool; an examination table or gynecological examination table in a rural area where no such equipment is available in that region, etc.
    • **Promoting Independence**: A scale (knowing your weight promotes independence. It allows people to remain healthy; as being overweight can lead to a myriad of chronic health conditions). Beach wheelchairs and adaptive bikes at a community park or sports wheelchairs for a community sports team (these examples could also fit under the area of providing access).

• The development of prototypes for invention of equipment or other research and developmental activities involving intellectual property rights.
- **Construction of Buildings/Major Construction**
  - However, funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.
  - Requested funds for simple accessible bathroom modifications, for example, are allowable if they are for an already existing bathroom. Allowable expenses would include grab bars, accessible toilets and sinks, etc. We cannot fund the building of a new bathroom or a major renovation of the existing bathroom.
  - If, for example, you are requesting funds for an accessible lift or elevator, this would be allowable under equipment that provides access and promotes independence. We cannot fund the excavation or construction of the elevator or shaft, as that would be considered major construction.

- **New Playground Construction**
  - The construction of new playgrounds is not eligible for funding. We cannot fund the installation of a new playground on land where a playground did not already exist.
  - However, funds may support the modification of older, non-accessible playgrounds or parks.
  - Requesting funds for the replacement of older, non-accessible playground equipment or ground covering are eligible for an existing playground.
  - Minor relocations of playgrounds are allowable.

- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers
- Fundraising events or paid fundraiser positions
- Lobbying and/or efforts to influence legislation
- Projects that cannot be completed within 12 months of receipt of the grant award
- Projects that have already been completed
- Food (meals, per diem, board, lunch, beverages, water, alcohol, etc.)
- Medical services
Confirmation
We confirm that we have read and understand the listed eligibility requirements. If you do have questions please contact QOL@ChristopherReeve.org before proceeding.

☐ Yes
☐ No

Select your organization type
Applications are welcome from nonprofit organizations with IRS 501(c)(3) status, municipal and state governments, school districts, recognized tribal entities and other institutions such as community or veterans hospitals. Please select the organization type that applies to your organization.

Please note: a "for-profit organization or business" response will indicate that your organization and/or project is not eligible for funding.

☒ For-profit organization or business
☒ 501(c)(3) nonprofit organization
☒ Municipal or state government
☒ Nonprofit, community of veterans hospital
☒ Public school district
☒ Recognized tribal entity
☒ University / college
☒ Other
Please answer the following ELIGIBILITY QUESTIONS. A "Yes" response will indicate that your organization or project are not eligible for funding.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Is your organization/project based outside of the U.S.?</td>
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<td>Does your project utilize contractors or vendors outside of the U.S.?</td>
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<td>Will grant funds support research?</td>
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<td>Will grant funds support rehabilitative therapy?</td>
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<td>Will grant funds provide equipment or supplies to individuals permanently or as a gift?</td>
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<td>Does the equipment NOT adhere to the functions of providing access and promoting independence?</td>
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<tr>
<td>Will grant funds support the development of prototypes involving intellectual property rights?</td>
<td>This includes the invention of equipment or other research and development activities</td>
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<tr>
<td>Will grant funds support construction of buildings/major construction?</td>
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<tr>
<td>Will your project serve less than three individuals with paralysis, their families, or caregivers?</td>
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<tr>
<td>Will grant funds support fund raising events or paid fund raiser positions?</td>
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<td>Will grant funds support lobbying and/or efforts to influence legislation?</td>
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<td>Will grant funds support a project(s) that has already been completed?</td>
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<tr>
<td>Will grant funds support food (meals, per diem, board, lunch, beverages, water, alcohol, etc.)?</td>
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<tr>
<td>Will grant funds support medical services?</td>
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Paralysis-Focus*

The Christopher & Dana Reeve Foundation is paralysis-focused. As such, Quality of Life grant funding must be targeted to initiatives that will serve individuals living with paralysis, their families, and caregivers.

Paralysis is defined functionally, as: "difficulty and/or inability to use arms and/or legs due to neurological conditions including but not limited to spinal cord injury, traumatic brain injury, stroke, cerebral palsy, multiple sclerosis, ALS, etc."

Answer "yes" or "no" to confirm the statement below:

We confirm that the proposed project will serve individuals living with paralysis, their families and their caregivers.

- Yes
- No

Project name*

Project type*

Select one project type that most closely fits your proposed project from the list below.

- Accessible Beach/Dock/Pier
- Accessible Community Spaces
- Accessible Playground/Park
- Accessible Trail
- Adaptive Sports
- Advocacy
- Arts
- Camp
- Caregiving
- Consumer Education
- Disaster Preparedness
- Durable Medical Equipment
- Education
- Employment
- Facility Accessibility Modifications
- Fitness and Wellness
- Healthcare
- Media Development
- Peer Mentoring and Support
- Service Animal Program
- Therapeutic Horsemanship
- Transitioning Home
- Transportation
Project description

Provide a simple and short summary of the project which outlines the why (need), what (activities, offerings), and how (Reeve funding support) of your project. I suggest keeping it simple as other specific project components like timeline, goals, impact, etc. are covered under different sections of the application. For example, we currently have 20 people with paralysis as registered users of our fitness equipment at no cost. One of our most popular equipment X is old and failing. We are the only organization in a 20-mile radius to offer this opportunity. The installation and use of new equipment X will allow us to safely provide services to individuals with paralysis. The fitness opportunity benefits both mentally and physically. This equipment has had a proven positive impact on the health, fitness, and QoL of our participants with paralysis. Equipment X would be installed at the X facility, located at X address. The anticipated date of installation is X. The requested Reeve funding will support the purchase of equipment X.

Independent living, inclusion and community integration

Describe how this project will increase independent living for people living with paralysis, promote inclusion, or support integration into the physical, cultural, and spiritual communities in which they live.
What is it that you want to achieve as a result of this project and what will you be doing to achieve them? For example: Increase access to fitness opportunities for people living with paralysis by offering X # of free fitness training classes or memberships to our facilities for people living with paralysis. These classes will be led by certified professionals who will assist participants in achieving their individual goals.

What impact will the project have on the target population? Their family members/caregivers? For example, the free beach access program will have a long-lasting impact on people with paralysis and their caregivers. The program will provide a feeling of inclusion and connection with others in a fun and safe environment. The project would create an opportunity for all to make long-lasting memories.
Impact - number of individuals living with paralysis

How many people living with paralysis will be served by this project / program?

Impact - individuals living with paralysis

Indicate how you arrived at this figure and the data sources used.

Impact - number of caregivers and family members of those living with paralysis

How many caregivers or family members of those living with paralysis will be served by this project / program?

Impact - caregivers and family members of those living with paralysis

Indicate how you arrived at this figure and the data sources used.

5,000 characters left of 5,000
**Underserved targeted population to be served**

Tell us if your proposed project/program specifically targets any of the following underserved population groups. Select all that apply.

- Current or released prisoners and/or persons at-risk of incarceration
- Ethnic minorities
- Homeless
- Indigenous or tribal communities
- LGBTQ+
- Limited English proficiency
- Low income and/or poverty populations
- Migrant workers
- Military service members and/or veterans
- Newly injured or diagnosed persons with paralysis and their caregivers
- None of these
- Older adults/elderly
- Rural residents
- Survivors of violence
- Other

**Underserved population - “other” explained**

If you answered “other” above, describe the underserved population that will be served by the proposed project. If you did not include “other” in your answer above, please enter “N/A.”

**Age group of participants**

Check the following age group(s) or intended participants in your proposed project. Please check all that apply.

- 0 - 4 years old
- 5 - 12 years old
- 13 - 18 years old
- 19 - 24 years old
- 25 - 40 years old
- 41 - 60 years old
- 61 - 90 years old

**Outreach**

Describe how you will reach the intended audience.

For example:

How will you recruit program participants?

How will you make the community aware of the project?
WHERE TO FIND AREA DATA

- **Disability Counts Data Finder.** This online tool lets you view and download disability data for every county in the United States. The data includes disability rates, types of disability, whether the county is classified as rural or urban, and population.

- **Map Series: Disability in America.** This is a set of maps that show information about disabilities. The maps show the rates of disability for every county in the United States. There are maps for many topics, including veterans, poverty, and employment. There are also maps for different kinds of disabilities including hearing, seeing, waking, cognitive, self-care, and independent living.

- **Rural Health Grants Eligibility Analyzer** from the Health Resources and Services Administration (HRSA).
You will need to identify the approach to take to achieve expected goals/outcomes. Based on what you expect to achieve through this project, How will you measure the benefits of the project? For example, if your goal is to serve 20 people with paralysis and at least 90% of participants will report improved quality of life then your evaluation methods could be: We will use registration forms to track people and solicit end user/participant feedback at the end of the class. The survey will be designed to include various targeted questions regarding the benefits of the class and new equipment.

And this is what you would report on your final report:
The fitness class was offered to 20 people with paralysis. Of these 20 participants, 16 individuals completed our participant survey. 15 or 95% of surveyed individuals reported a marked improvement in their quality of life.
Medically Underserved Areas and Populations (MUA/Ps)

The Health Resources & Services Administration (HRSA) defines Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) as geographic areas and populations with a lack of access to primary care services.

MUAs have a shortage of primary care health services for residents within a geographic area such as: a whole county; a group of neighboring counties; a group of urban census tracts; or a group of county or civil divisions.

Capturing data on requests from MUAs and MUPs helps to track outreach efforts as well as to identify new areas for potential efforts.

MUA/MUP status*
Check one appropriate answer below:
- Applicant Organization is serving a MUA or MUP
- Applicant Organization is not serving a MUA or MUP
- Not known if Applicant Organization is serving a MUA or MUP

Geographic service area*
Tell us about your project / program's geographic service area. What states, counties or areas will your project serve? Please indicate if services are provided nationally.

Please note: Providing counties served help us to better capture MUA/MUP data.

7,000 characters left of 7,000
Budget Information

**Amount Requested**
Enter the amount requested from the Reeve Foundation. (US$)
Use whole numbers only. Do not include cents, round up to the nearest dollar if appropriate (e.g., $24,950 not $24,957.75).

$ __________________________

**Total Proposed Project Budget Amount**
Enter the total budget amount for the entire proposed project. (US$)

$ __________________________

**Proposed Project Budget**
Download Budget Template. All applicants are required to submit a completed Proposed Project Budget with this application. Applicants must use the template provided in this application.

Download Template

Complete and upload the Proposed Project Budget template in Excel using the Project Budget upload button below. Do not upload a PDF version of the Excel document.

Detailed instructions for completing the Proposed Project Budget template are discussed in the Technical Assistance Webinar.

Upload a file [5 MB allowed]

**Budget Narrative**
All applicants are required to submit a budget narrative that describes in detail and provides justification for each budget line item. Applicants must use the template provided in this application. Instructions for completing the Budget Narrative are included in the template. Upload the document using the upload button below.

Download Template

Upload a file [5 MB allowed]
Allowable Expenses

- Wide range of programs and services
- Programmatic personnel, consultants, and contracted workers
- Entry fees
- Transportation costs
- Facility rental
- Travel reimbursement
- Travel (up to):
  - Airfare $500
  - Train $275
  - Hotel $225 per night
  - Mileage 62 cents per mile
- Equipment (see funding restrictions)
- Supplies, etc.
Allowable Expenses

**Administrative or Indirect Costs** – A de minimis indirect cost rate of no more than 10% is allowable. However, if your organization has a Negotiated Federal Indirect Cost Rate Agreement (or NICRA) you may include indirect costs at the federally negotiated rate. Please note that a copy of your current NICRA will be required if your application is approved for funding.
Allowable Expenses

Programmatic expenses directly related to serving individuals with paralysis and their families are considered more favorable than operational expenses and/or large capital projects.
Funding Restrictions

• Equipment can be funded if it **Provides Access** and/or **Promotes Independence**.
  - **Providing Access**: Adaptive strollers that are used as part of a program, are not given out to individuals and remain onsite; a transfer chair at a community pool; a stair lift, an examination table, or gynecological examination table in a rural area where no such equipment is available in that region, etc.
  - **Promoting Independence**: A scale (Knowing your weight promotes independence. It allows people to remain healthy, as being overweight can lead to a myriad of chronic health conditions.); Beach wheelchairs and adaptive bikes at a community park or sports wheelchairs for a community sports team (these examples could also fit under the area of providing access).

• Equipment may be purchased under the Nursing Home Transition grant program. See allowable expenses pertaining to that program.
Funding Restrictions

• **Equipment**
  - Is allowable to fund *Loan Closets*. 
Funding Restrictions

• The development of prototypes for invention of equipment or other research and developmental activities involving intellectual property rights.

• **Construction of Buildings/Major Construction**
Funding Restrictions

• **New Playground Construction**
  o The construction of new playgrounds is not eligible for funding. **We cannot fund the installation of a new playground on land where a playground did not already exist.**
  o However, funds may support the modification of older, non-accessible playgrounds or parks.
    • Requesting funds for the replacement of older, non-accessible playground equipment or ground covering are eligible for an existing playground.
    • Minor relocations of playgrounds are allowable.
Christopher & Dana Reeve Foundation - Proposed Project Budget Template

Name of Organization:
Name of Project:
Amount Requested from the Reeve Foundation:
Total Project Budget:

*You must use this budget template. Applications submitted without this template will NOT be reviewed.*

*Subtotal and Total costs will formulate automatically. DO NOT alter any formulas on this template.*

<table>
<thead>
<tr>
<th>Itemized Budget</th>
<th>Total Cost</th>
<th>Requested Amount (Proposal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Costs</td>
<td></td>
<td>Do not include taxes</td>
</tr>
<tr>
<td>List all positions by title</td>
<td>Percent FTE $</td>
<td>$</td>
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<tr>
<td>Personnel Subtotal</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Equipment Costs</td>
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<td>Itemize each one</td>
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<tr>
<td>Itemize and provide descriptions of equipment (Indicate below if vendor quote is attached to support equipment request)</td>
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<td>$</td>
</tr>
<tr>
<td>Equipment Subtotal</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Consultants/Contractors</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Name of Consultant/Contractor (person or company) and one-sentence description of services</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Consultants/Contractors Subtotal</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Supplies</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Itemize and provide description of supplies (Indicate below if vendor quote is attached to support supplies request)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Supplies Subtotal</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Travel</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Type of travel and one-sentence description of purpose</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Travel Subtotal</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Costs</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Item (good or service) and one-sentence description of purpose</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other Costs Subtotal</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL COSTS</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Make sure total cost matches previous page, as well as amount requested.
<table>
<thead>
<tr>
<th>Funding Gap: Difference between Total Cost &amp; Requested Funds from Reeve (These fields will formulate automatically)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Sources of Funding (to offset funding gap)</th>
<th>Amount</th>
<th>Is this funding Committed or Pending?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Funds</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Individuals</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Foundations</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Corporations</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Government - Federal</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Government - State</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>
Christopher & Dana Reeve Foundation  
Quality of Life Grants Program  
Budget Narrative Requirements

Name of Organization:  
Name of Project:  
Amount Requested:  
Total Project Budget: 

The budget narrative must include a description and justification of each budget category and line item presented in your proposed budget. All expenses listed on the budget template should clearly match the items listed in this narrative.

Your budget narrative should detail:

Personnel Costs – List each position that pertains to the project. Provide a brief explanation of each role, how the work of the position will support the purpose and goals of the overall project, and the percent of time committed to the project. Indicate the source of other salary supports if relevant.

Fringe – Fringe benefits are based on the applicant’s established formula and are only for the percentage of time devoted to the project. It is important to explain what is included in the benefits package and at what percentage. These costs should only include the fringe costs of the organization’s staff and not those of contractors or other third parties.

Equipment – Provide an explanation of each of the equipment expenses, the quantity to be purchased, and the cost per item. Explain how the equipment is necessary for the success of the project and the procurement method to be used.

Consultants/Contractors - Provide a description of the product or services to be provided by the consultant and an estimate of or detailing the exact cost, as well as how their use will support the purpose and goals of the project.

Supplies - List expendable items by type, the quantity to be used/purchased, and cost per item. Explain the need and relevance to the project.

Travel – Explain the reason for travel expenses for project personnel (e.g., staff to training, client interviews, meeting, etc.). Identify all costs involved as well as the location of travel.

Other Costs – Enter a description of each budgeted cost item that does not appropriately fit in the above categories. Explain the need for each item, how it will further the objectives of the project, and how the cost estimation was determined.

Administrative or Indirect Costs – A de minimis indirect cost rate of no more than 10% is allowable. However, if your organization has a Negotiated Federal Indirect Cost Rate Agreement (NICRA) you may include indirect costs at the federally negotiated rate. Please note that a copy of your current NICRA will be required if your application is approved for funding.

If you include an indirect costs budget line you may not include overhead costs such as rent, utilities, personnel, supplies, etc. if they are included in the direct cost budget line items above.

Indicate the percentage and total amount of indirect costs requested, noting the federally negotiated rate if applicable.
Vendor Quotes

Please note: Applicants are not required to provide vendor quotes to support budget items such as equipment and consultants or contractors.

However, information that supports budget items strengthens the request, and may be included by scanning and uploading vendor quotes using the upload button in the section below.

Vendor Quotes Upload

Upload copies of vendor quotes (if applicable) to support your request using the button below. All vendor quotes must be valid within 3 months of submitting this application.

For multiple pages, please scan into one document and upload.

Upload a file [5 MB allowed]

Vendor Quote Confirmation

We confirm that the vendor quote provided is valid within 3 months of submitting this application.

☐ Yes
☐ No
☐ N/A

Vendor Quotes - Sales Tax

Please note that the amount requested from the Reeve Foundation and any associated vendor quotes should not include tax. If sales tax is listed on your vendor quote but is NOT being requested from the Reeve Foundation, please confirm below.

If your vendor quote does not include sales tax or no vendor quote has been submitted, please write “N/A”

PROCUREMENT POLICY

As a requirement of the Reeve Foundation’s cooperative agreement with the Administration for Community Living, the Foundation and our grantees must adhere to the Procurement Policy below:

- Purchases of supplies or services less than or equal to $10,000 may be procured using the “micro purchase” method which does not need formal procurement solicitations. All receipts are to be retained for accounting purposes.
- Purchases of $10,001 to $250,000 may be procured using the “small purchase” procurement standards. A minimum of three price quotes is required for any small purchase of services or products.
- Please note that it is not required that you provide the Reeve Foundation with three price quotes for approval of purchases over $10,000. Those should be kept for your internal records and would need to be provided upon request if needed. If you provide a price or vendor quote to the Reeve Foundation, it is understood that you have followed the policy as described above.
Project Contingency Funding*

Explain how funding requested from this Reeve Foundation grant fits with your overall project budget strategy. If other project funding is pending and subsequently denied, how will the project be funded? What happens if the Reeve Foundation is not able to support the proposed project?

3,000 characters left of 3,000

Supporting Documentation

Additional Materials
You may upload other supporting documents such as photographs, newspaper clippings, and flyers. Please scan into one document and upload using the button below.

Upload a file [5 MB allowed]

Additional Supporting Materials
If you need to upload additional supporting materials, please scan into one document and upload using the upload a file button below.

Upload a file [5 MB allowed]
This part should list who you are, what you do, and how you do it. The reason your organization is in place.
Unique Entity ID*

For organizations requesting the full $25,000, you MUST provide us with an active and valid SAM.gov issued Unique Entity ID.

If you already have a SAM.gov issued Unique Entity ID, enter it below. If you do not have one, we urge you to do this immediately, as there may be a backlog. There are two ways to receive your Unique Entity ID:

**Register Entity**

An entity registration allows your organization to bid on government contracts and apply for federal assistance as a prime awardee. The process for entity registrations includes getting the Unique Entity ID and requires assertions, representations and certifications, and other information about your business.

**Getting a Unique Entity ID ONLY (Recommended if you are NOT interested in bidding on government contracts)**

Some entities that business with the government may choose not to register on SAM.gov (for example, many sub-awardees of the Reeve Foundation QOL grants program). In this case, those entities cannot bid directly on federal contracts as a prime contractor or seek federal assistance as a prime awardee. If this is the goal of the entity, they can go to SAM.gov and get a Unique Entity ID only (no entity registration required). The information required for getting a Unique Entity ID without registration is minimal. It only validates your organization's legal business name and address.

Visit https://sam.gov/content/entity-registration to either register your organization or to only receive an ID.

If you are not requesting the full $25,000 type in "N/A."

**Zip+4 Code**

If you are requesting the full $25,000, please enter your ZIP+4 Code. (The complete, nine-digit ZIP Code consists of two parts. The first five digits indicate the destination post office or delivery area. The last 4 digits represents a specific delivery route within that overall delivery area.) This is needed for Reeve reporting through the Federal Funding Accountability and Transparency Act (FFATA). You may use this link to find your ZIP+4 Code.

If you are requesting less than the full $25,000, type in "N/A."
Federal Audit Requirements
Is your organization required to file an annual single audit?
- Yes
- No

Organizational Federal Expenditures
Please indicate if your organization receives federal program funding for expenditure categories listed in the Catalog of Federal Domestic Assistance (CFDA).
- Yes
- No

Federal Funding Annual Total
$ [blank]

Federal Funding Q1
Did your organization receive 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
- Yes
- No

Federal Funding Q2
Did your organization receive $30,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
- Yes
- No
Previous Reeve Foundation requests
Select one from the list below.
- Don't know
- First-time applicant
- Previously awarded Reeve Foundation Quality of Life grant
- Previously requested Reeve Foundation Quality of Life grant

Prior Reeve Foundation Grantees
If previously awarded a Reeve Foundation grant, please provide:

- the year(s) awarded,
- the amount of funds received,
- the type of grant(s) received (ex. Direct Effect, Priority impact, etc.), and
- an explanation of how this request differs from past QOL grant-funded projects.

5,000 characters left of 5,000

Prior grantees - final report upload
Prior Reeve Foundation Quality of Life grantees should upload a copy of the final report for the last grant received.

Upload a file [15 MB allowed]

Where did you learn about this grant opportunity
Select one from the list below.
- Email announcement
- From a prior grantee
- Reeve Foundation website / newsletter
- Social Media
- The Foundation Center
- We're a prior grantee
- Word-of-mouth
- Other

If other, please explain.
Refer to the final report of the previously awarded grant
Expanded Impact Application

Experience with work in grant focus area*
Please describe how long your organization has worked to address the grant focus area, and how this experience will contribute to the success of the proposed project.

Name and Title, and their responsibility in the project

Key staff responsible for proposed project*
Please tell us about the key staff responsible for carrying out the project, including relevant experience and expertise.

Collaborations and networks*
Please describe existing and developing collaborations and agency networks that will help to make the proposed project successful.

Who are you partnering with to make this project a success
SUBMIT YOUR APPLICATION

Thank you for your time, interest and efforts in requesting support from the Christopher & Dana Reeve Foundation for initiatives to support the quality of life for people with paralysis, their families, and their caregivers. We look forward to reading your application and learning about your important work.

Confirmation Page

Your Application has been submitted.

Continue
Award Notification

Notification and Awarding of Funds

- All applicants will be notified by email.
- Upon notice of the award, grantees must indicate intent to accept the grant and sign and return a grant award agreement.
- Grant checks are issued upon receipt of the signed grant award agreement.

Publicizing the Grant

- We will provide tools to help you spread the word about your Reeve Foundation Quality of Life granted project, including a guide to publicizing the award and a press release template.
- We regularly feature Quality of Life grantees in social media, on the website, and in newsletters and other publications, so we can call on you to provide stories and photographs that we can share with our community!

In addition, we encourage you to utilize all the free resources provided by the Reeve Foundation Paralysis Resource Center (PRC), and to link the PRC as a resource on your website.

Follow the Reeve Foundation on Facebook, Instagram, and Twitter!
Grantee Requirements - Report Schedule

Grantees must submit progress reports to the Reeve Foundation

- An **interim** report will let us know whether the project is proceeding as planned or not, and if not, what we may be able to do to help get it back on track.
- A **final** report will be due one month after the close of the grant period and will detail the project’s progress, challenges, how those challenges were addressed, the project’s impact, and final grant expenditures.

<table>
<thead>
<tr>
<th>Direct Effect (12-month grants)</th>
<th>Expanded Impact (24-month grants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim at 6 months</td>
<td>Update/Check-in at 6 months</td>
</tr>
<tr>
<td>Final at 13 months</td>
<td>Interim at 12 months</td>
</tr>
<tr>
<td></td>
<td>Update/Check-in at 18 months</td>
</tr>
<tr>
<td></td>
<td>Final at 25 months</td>
</tr>
</tbody>
</table>
Grantee Requirements

• Site Visits

• Evaluation
To successfully close-out the grant award:

1. Submit a final narrative indicating program accomplishments and outcomes. [☑]
2. Submit a financial report indicating fully expended grant funds as related to the approved grant budget. [☑]

Following the receipt and review of these reports, the Foundation will send a notification of grant closure.
Grantee Requirements

• Grant Termination
Feedback

In adherence with federal OMB requirements, we are unable to comment on denied applications or provide programmatic direction to organizations applying for Quality of Life grants, as giving feedback/direction would be providing an unfair advantage over other applicants.
Thank You

Maria Fonseca

Grants Associate, Quality of Life Grants Program
www.Christopher Reeve.org