Quality of Life Grant Application and Program Guidelines – 2019 1st Cycle

Direct Effect QOL Grants (Tier 1)
High Impact Priority QOL Grants (Tiers 2, 3, & 4)

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Before beginning your application, please read all of the information contained in this document to familiarize yourself with the application process and better prepare the required information. Please add QOL@ChristopherReeve.org and administrator@grantinterface.com to your acceptable email address list to avoid having email communication from the Reeve Foundation blocked by SPAM blocker software. Please also review the supporting materials posted on the website which include People-First Language Guide, Quick Guide for Establishing Evaluation Indicators, and technical assistance presentations.

The Quality of Life Grant Applications are completed online through this link to the Reeve Foundation online grants portal. You may also copy and paste the following url into your website browser: https://www.grantinterface.com/Home/Logon?urlkey=christopherreeve.

The list of application questions (Appendix A and B) includes paragraph count limits for text fields. Some applicants find it helpful to create a draft application in Word, which can then be used to cut and paste your answers into text fields in the online application. Click on the link for the grants portal and create an account, using your email address and a password that you create. If you forget your password, click on “Forgot Your Password” and you will receive an email with the information. Once you create an application, you may return to it using this same link.

Please be sure to provide your current contact email address and telephone number in case we need to contact you for additional information.
General Information about the Quality of Life Grants Program

Paralysis Defined

The Christopher & Dana Reeve Foundation is paralysis focused, and as such, grant funding must be targeted to programs and services that impact 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.

While we will consider supporting programs that include people living with other types of disabilities (cross-disability) as well as inclusive community projects, your project must serve a majority of people with paralysis. Reeve Foundation Quality of Life grant projects must serve at least three individuals with paralysis (as defined above) and/or their families and caregivers to be considered for a grant.

QOL History/Current Funding Cycle

The Christopher & Dana Reeve Foundation Quality of Life Grants Program, created by the late Dana Reeve has awarded since its inception in 1997 a total of over $24 million to more than 3,000 projects across the United States of America. Grants have funded nonprofits, tribal entities, and municipalities for a wide array of projects, programs, and services.

Since 2014, Quality of Life grants have been federally funded through the Reeve Foundation’s cooperative agreement with the United States Department of Health and Human Services, Administration for Community Living (ACL).

In 2018, a tiered funding strategy was piloted, with Direct Effect grants (Tier 1) supporting the same wide range of programs and activities as those traditionally funded through Quality of Life grants and High Impact Priority grants (Tiers 2, 3, & 4) that focus on and support areas identified as being of high importance by the community of people living with paralysis, their families, and caregivers.

The 2019 1st Cycle Quality of Life grant program will offer Direct Effect and High Impact Priority grants. All grants must be completed within 12 months after receipt of the award funds and are non-renewable. Grant projects awarded through the 2019 1st Cycle will start in June 2019 and close in May 2020 (exact dates to be determined based on Reeve Foundation review process).

A successful Reeve Foundation Quality of Life grant is a modest award invested into a very specific project or part of a program or project that directly impacts the lives of people with paralysis, their families and caregivers. Impact can be demonstrated through numbers of people served and other quantitative measures along with stories and examples of quality of life improvement. Nonprofit Organizations with programs promoting expansion, innovation, best practices, promising practices and/or evidence-based practices are encouraged to apply.

Letters of Intent (LOIs) are no longer required for grant applications.
Direct Effect Grants

The Direct Effect Quality of Life Grant (Tier 1) is open-focused and will award at least 22 grants of up to $25,000 to support the same wide range of projects and activities of the traditional Quality of Life grants. 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; wheelchair accessible picnic table at a county fairground; camp programs; subsidized lessons for therapeutic riding; transportation costs for an inclusive afterschool program; and support groups. These grants will have short- to medium-range impact. Long-range impact and sustainability are not expected for projects funded at this level.

Types of Direct Effect (Tier 1) Projects Funded

Direct Effect Quality of Life grants fund the same wide range of projects as those funded in the prior Quality of Life grants program, including:

- Adaptive Sports
- Accessible Playground/Ball Field/Trail/Tree House/Beach
- Assistive Technology
- Advocacy
- Arts
- Camp
- Caregiving
- Consumer Education
- Durable Medical Equipment (see Funding Restrictions in a later section)
- Education
- Employment
- Facility Accessibility Modifications
- Fitness and Wellness
- Healthcare
- Accessibility Modifications
- Media Development
- Medical Professional Education
- Peer Mentoring and Support
- Service Animal Program
- Therapeutic Horseback Riding
- Transportation
- Transition from Institution to Home
High Impact Priority Grants

The High Impact Priority Quality of Life Grant Tiers (Tiers 2, 3, & 4) offer three increasing levels of grant funding. High Impact Priority grants fund high priority issues for individuals living with paralysis. Priorities were identified through conversations with myriad stakeholders and validated by a community needs assessment survey conducted by Vanderbilt University. Grantee organizations will demonstrate capacity to implement the grant without intensive technical assistance and capacity building, as well as capacity for program development, evaluation and sustainability. Funded projects are expected to be completed within 12 months of receiving the award. Each High Impact Priority Tier is targeted to focus on a High Priority issue for the community of individuals living with paralysis as follows:

High Impact Priority Quality of Life Grant Tiers:

- Tier 2 – 10 grants of $30,000 for the following Priority Areas:
  - Transportation
  - Respite/Caregiving
  - Disaster Response
- Tier 3 – 4 Grants of $40,000 for Nursing Home Transition
- Tier 4 – 5 Grants of $50,000 for Employment

Description of High Impact Priority Tiers:

Tier 2

- Transportation – Grant funds support nonprofit organizations and programs that provide accessible transportation to people living with paralysis to access services in their communities. In addition, funds may support adaptive driving education programs to enable people with paralysis to learn how to drive and increase their independence and transportation options.
- Respite/Caregiving – This grant area recognizes family caregivers and the vital role they play in caring for those with paralysis. Funds support nonprofits that offer exemplary and innovative respite care services that are evidence-based, appear promising, or are trying new service models.

Forms of respite supported through this grant area are:
- Emergency Respite
- Home-Based Services
- Sitter-Companion Services
- Consumer-Directed Respite
- Out-of-Home Respite
- Family Care Homes or Host Family
- Respite Center-based
- Adult Day Healthcare Centers
- Parent/Family Cooperative

Grant funds cannot be used to support respite in the following environments:
- Corporate Foster Home Settings for Children and Teens
- Residential Facilities
• Respitality Model
• Hospital-Based
• Hospice
• Camps

• **Disaster Response** – Grant funds support nonprofit organizations and programs that address the emergency preparedness needs of people with paralysis in a natural disaster environment.

**Tier 3**

**Nursing Home Transition** – Funds support Centers for Independent Living (CILs) and other organizations that provide transition services across the country to transition people with paralysis living in nursing home back into their homes or a community-based setting of their choice.

**Tier 4**

**Employment** – Grant funds support programs that provide job development services to people living with paralysis, including education, adaptive technology and job coaching with the goal of finding gainful employment.
Funding Restrictions

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

- Grants awarded directly to individuals
- For-Profit Companies
- 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.
- Equipment
  - However, it is allowable to fund Loan Closets. Otherwise equipment provided to individuals to keep is considered a gift.
  - 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.
- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers
- Fund raising events or paid fund raiser positions
- Lobbying and/or efforts to influence legislation
- Projects that cannot be completed within 12 months of receipt the grant award
- Projects that have already been completed
- Food (meals, per diem, board, lunch, beverages, alcohol, etc.)
- Medical services

Eligibility questions based on these restrictions will be asked in the application. A “Yes” response to any of the questions will indicate that your organization and/or project are not eligible for funding.
Allowable Expenses/Eligibility

Allowable Expenses

Quality of Life grant funds can support a range of programmatic expenses for a wide range of programs and services. Grant funds can support programmatic personnel, consultants and contracted workers, entry fees, transportation costs, facility rental, travel reimbursement, marketing, equipment (see funding restrictions), supplies, etc.

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

Eligibility

Quality of Life grant applications are accepted from nonprofit organizations, municipalities and tribal entities.

Prior Grantees

Organizations that have previously been awarded a Quality of Life grant in any category must wait three grant cycles (two years) before reapplying and must have submitted final reports. Once an organization is funded with a Reeve Foundation grant, there is no guarantee that it will receive subsequent funding. Prior grantees are only given consideration for new and innovative projects. Funding for continuation of projects already funded through the Direct Effect and High Impact Priority Tiers will not be considered.

Multiple Submissions

Organizations may only apply for one grant in a grants cycle. Multiple submissions from one organization will not be considered. However, more than one chapter of a national organization may apply in the same grants cycle.

Special Consideration

Special consideration will be given to proposed projects that serve current military and/or veterans and their families, as well as those projects that target individuals with paralysis in underserved groups of the population, including (but not limited to): persons at risk of incarceration, current or released prisoners; ethnic minorities; homeless; indigenous or tribal communities; LGBTQ; limited English proficiency; rural residents; migrant workers; low-income and/or poverty populations; and newly injured people with paralysis and their caregivers.
Award Notification and Grantee Requirements

Notification and Awarding of Funds

All applicants will be notified by email. Upon notice of 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.

Acknowledgement of Grant

Reeve Foundation Quality of Life grantees are welcomed as part of the Reeve Foundation community. 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. In addition, we encourage you to utilize all of the free resources provided by the Reeve Foundation Paralysis Resource Center (PRC), and to link to the PRC as a resource on your website. We regularly feature Quality of Life grantees in social media, on the website, and in newsletters and other publications, so we may call on you to provide stories and photographs that we can share with our community.

Site Visits

Site visits to Quality of Life grantees by members of Reeve Foundation staff, Board of Directors and/or volunteers are arranged whenever possible to learn more about your program, assess progress, assist with challenges, and participate in press-related activities.

Unused Funds and Changes in Grant Objectives or Activities

In the event the grantee ceases to operate or becomes insolvent, all unused Reeve Foundation grant money shall be immediately remitted to the Reeve Foundation. Furthermore, if the original purpose, project and/or program of the grantee changes, the grantee must contact the Quality of Life Grants team to request a change in project scope and/or a no-cost extension. Requests will be reviewed and every effort will be made to negotiate an acceptable resolution so the project can be completed toward its original stated goal.

However, the Reeve Foundation reserves the right to discontinue funding a grantee if such grantee's purpose, project or program changes so that it is no longer within Reeve Foundation funding parameters. If permission is not given, grantee shall remit any and all grant money to the Reeve Foundation.

Grants approved for a no-cost extension may be extended a maximum of 90 days beyond the original project end date.

Grantees that are not able to complete the funded project within a 12-month grant period, and those that have been approved for a 90-day extension and are still not able to complete the funded project, may be asked to return a portion or all of the funds and will be flagged in a high-risk category that may affect future Reeve Foundation funding.
Reports

Grant recipients must submit two (2) progress reports to the Reeve Foundation. A 6-month interim report will let us know that 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 due one month after the close of the grant period to detail the project’s progress, challenges, how challenges were addressed, the project’s impact, and grant expenditures.

Evaluation

As part of the final report at the conclusion of the grant period, grantees are required to complete a short evaluation survey conducted by Vanderbilt University to enable you to offer candid feedback about the overall grant experience.

All questions, concerns or technical difficulties should be directed to the Quality of Life Department via email at QoL@ChristopherReeve.org. In order to be fair to all applicants, individual technical assistance can no longer be accommodated. Questions submitted by email prior to the technical assistance webinar will be addressed during the webinar. All questions will be collected, aggregated and answered and posted in a Questions and Answer document on the website.

Due to the high volume of applications received, we cannot provide individual assessment of denied applications or projects.

1st Cycle 2019 Quality of Life Grants Program Calendar

- Open Direct Effect and High Impact Priority Quality of Life Grants Cycle – 2/5/19
- Quality of Life Grants Application Technical Assistance Webinar – 2/11/19 from 3:00 – 4:00 EST. You may register here or on our website.
- Application Submission Deadline – 3/19/19
- Applicants Notified Via Email – mid- to late-May
- Projects start – June 2019 (date to be determined based on Reeve Foundation review process)
- Projects close – May 2020
Appendix

Direct Effect Application Questions (Appendix A)
High Impact Priority Application Questions (Appendix B)
Proposed Project Budget Template (Appendix C)
Budget Narrative Requirements (Appendix D)
Procurement Policy (Appendix E)
Direct Effect Quality of Life Grants - 2019 1st Cycle

Eligibility

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 (Cooperative Agreement Number 90PRRC0002-01-01).

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

- Grants awarded directly to individuals

- For-Profit Companies
  - Only Nonprofit Organizations, Municipalities, and Tribal Entities may apply for funding

- 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.

- Equipment
  - However, it is allowable to fund Loan Closets. Otherwise equipment provided to individuals to keep is considered a gift.
  - 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**
  - Funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.

- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers

- Fund raising events or paid fund raiser positions

- Lobbying and/or efforts to influence legislation

- Projects that cannot be completed within 12 months of receipt the grant award

- Projects that have already been completed

- Food (meals, per diem, board, lunch, beverages, *alcohol*, etc.)

- Medical services

Please answer the following ELIGIBILITY QUESTIONS. A “Yes” response will indicate that your organization and/or project are not eligible for funding.

**Is your organization a For-Profit Company?**

*Choices*

Yes

No
Is your organization or project based outside of the U.S.?*

**Choices**
- Yes
- No

Does your project utilize contractors or vendors outside of the U.S.?*

**Choices**
- Yes
- No

Will grant funds support Research?*

**Choices**
- Yes
- No

Will grant funds support Rehabilitative Therapy?*

**Choices**
- Yes
- No

Will grant funds provide equipment to individuals and the equipment is not part of a loan closet?*

Please note that adaptive sports equipment that is used as part of a program and not given out to individuals and remain on the program site are allowable.

**Choices**
- Yes
- No

Does the equipment NOT adhere to the functions of providing access and promoting independence?*

**Choices**
- Yes
- No

Will grant funds support the development of prototypes involving intellectual property rights?*

This includes the invention of equipment or other research and development activities.

**Choices**
- Yes
- No

Will grant funds support construction of buildings/major construction?*

**Choices**
- Yes
No

**Will your project serve less than three individuals with paralysis, their families, or caregivers?***

**Choices**
- Yes
- No

**Will grant funds support fund raising events or paid fund raiser positions?***

**Choices**
- Yes
- No

**Will grant funds support lobbying and/or efforts to influence legislation?**

**Choices**
- Yes
- No

**Will your project take longer than 12 months to complete?***

**Choices**
- Yes
- No

**Will grant funds support a project(s) that has already been completed?***

**Choices**
- Yes
- No

**Will grant funds support food (meals, per diem, board, lunch, beverages, alcohol, etc.)?***

**Choices**
- Yes
- No

**Will grant funds support medical services?***

**Choices**
- Yes
- No

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**Proposal Summary**

Direcct Effect Quality of Life grants must be completed within 12 months after receipt of the award funds. Grant projects awarded through the 2019 1st Cycle will start in June 2019 and close in May 2020.
*Exact dates to be determined based on Reeve Foundation review process.

**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.**

**Choices**
Yes
No

**Project Name**
*Character Limit: 100*

**Amount Requested**
Enter the amount requested from the Reeve Foundation. ($US)
*Character Limit: 20*

**Total Proposed Project Budget Amount**
Enter the total budget amount for the entire proposed project. ($US)
*Character Limit: 20*

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

**Choices**
Accessible Ballfield
Accessible Beach/Dock/Pier
Accessible Playground
Accessible Trail
Accessible Tree House
Adaptive Sports
Advocacy
Arts
Assistive Technology
Camp
Caregiving
Consumer Education
Durable Medical Equipment
Education
Employment
Facility Accessibility Modifications
Fitness and Wellness
Healthcare
Home Accessibility Modifications
Media Development
Medical Professional Education
Peer Mentoring and Support
Physical/Occupational Therapy
Service Animal Program
Therapeutic Horseback Riding
Transition from Institution to Home
Transportation

**Previous Reeve Foundation Requests**
Check all that apply:

**Choices**
- Previously requested Reeve Foundation Quality of Life grant
- Previously awarded Reeve Foundation Quality of Life grant
- Don't know
- First-time applicant

**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 (e.g., Direct Effect, High Impact Priority, etc.), and
- *An explanation of how this request differs from past QOL grant-funded projects.*

*Character Limit: 1000*

**Where did you learn about this grant opportunity?**
Select one from the list below.

**Choices**
- FaceBook Ad
- Prior Grantee
- Received flyer
- The Foundation Center
- Word-of-mouth
- Other
If other, please explain.

Character Limit: 500

Organizational Information

Mission Statement*
Provide your organization’s mission statement. (Three paragraphs or less.)

Character Limit: 1000

Description of Organization's History and Capacity*
Briefly describe your organization's history and its capacity to do the proposed project; i.e., how long your organization has been in business; what experience and expertise your organization has in doing the proposed type of work; what makes your organization uniquely qualified to be successful in carrying out this proposed project. (Four paragraphs or less.)

Character Limit: 5000

Center for Independent Living Status*
Choose one of the answers below:

Choices
Applicant Organization is a Center for Independent Living (CIL)
Applicant Organization is an association of CILs
Applicant Organization is neither a CIL or an association of CILs

Total Annual Operating Budget of the Organization*
Provide your organization’s total expenses for the current year ($US).

Character Limit: 20

Prior Grantees - Final Report Form Upload
Prior Reeve Foundation Quality of Life grantees must upload a copy of the final report for the last grant received. Failure to provide a final report may result in your application not being reviewed.

File Size Limit: 5 MB

Proposal Description

Project Description*
Provide a short description of the proposed project, including: the need for the project; who will benefit; what your organization wants to do and why; when and where it will take place; and how it will be done. List what the funds requested in this application will support. (Four paragraphs maximum)

Character Limit: 3000
**Independent Living, Inclusion, Community Integration**
Describe how this project will increase independent living for people with paralysis, promote inclusion, or support integration into the physical, cultural, and spiritual communities in which they live.

*Character Limit: 5000*

**Project Goals**
Provide at least one major goal of the project as well as a description of what you plan to accomplish.

*Character Limit: 3000*

**Timeline, Activities and Benchmarks**
Outline your project timeline of major project activities, including proposed start dates, benchmarks, and end dates.

*Character Limit: 10000*

**Evaluation**
Describe how you will evaluate the project. How will you know if it was successful in meeting its goal(s)? List the major outputs and outcomes of your project. [See the "Guide to Establishing Evaluation Indicators" (link provided here) as well as on our website.]

*Character Limit: 5000*

**How many people affected by paralysis will benefit from the project?**
This number includes people living with paralysis, members of their household, and their caregivers.

*Character Limit: 8*

**Underserved Targeted Population to be Served**
Tell us if your proposed project specifically targets any of the following underserved population groups. *Select all that apply.*

**Choices**
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
Rural Residents
Survivors of Violence
None of These
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."

*Character Limit: 250

**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:

*Choices
Applicant Organization is a MUA or MUP
Applicant Organization is not a MUA or MUP
Not known if Applicant Organization is MUA or MUP

**MUA / MUP Designation***
If your organization is either a MUA or MUP, please tell us the designation.

*If your organization is not a MUA or MUP or if you do not know, please enter "N/A."

*Character Limit: 250

**Age Group of Participants***
Check the following age group(s) of intended participants in your proposed project. *Please check all that apply.

*Choices
0 - 4 years old
5 - 12 years old
13 - 18 years old
19 - 24 years old
Budget Information

Proposed Project Budget*
All applicants are required to submit a completed Proposed Project Budget template (click link to download template or download directly from website) with this application.

Complete and upload the Proposed Project Budget template in Excel using the Project Budget upload button below.

Detailed instructions for completing the Proposed Project Budget template are included in the Application Guidelines.

File Size Limit: 3 MB

*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.

Budget Narrative*
Include a narrative for your budget that describes in detail and provides justification for each budget line item. Instructions for completing the Budget Narrative are included in the Application Guidelines. Upload the document using the upload button below.

File Size Limit: 2 MB

Vendor Quotes
You may upload copies of vendor quotes to support your request using the button below.

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

File Size Limit: 5 MB

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?

Character Limit: 3000
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.

File Size Limit: 5 MB

1st Cycle 2019 Direct Effect Program Application, Review and Notification Timeline

- Direct Effect Quality of Life Grant Online Application Opens – 2/5/19
- Technical Assistance Webinar – 2/11/19
- Grant Application Submission Deadline – 3/19/19
- Applicants Notified by mid- to late-May 2019
- Projects start June 2019

Applicants are urged to view the Technical Assistance Webinar on 2/11/19. The Technical Assistance Webinar will be recorded and posted on the website.

All questions, concerns or technical difficulties must be directed to the Quality of Life department via email at QoL@ChristopherReeve.org.

In order to be fair to all applicants, individual technical assistance can no longer be offered. Pre-award telephone calls will no longer be accommodated and voicemails will not be answered.

Questions may be submitted by email prior to the Technical Assistance Webinar on 2/11/19, as well as during the webinar. All questions before, during and after the webinar will be collected, aggregated, answered and posted in a Questions and Answers document on the website.

Due to the high volume of applications received, we cannot provide individual assessment of denied applications or projects.

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.
High Impact Priority Quality of Life Grants - 2019

Christopher & Dana Reeve Foundation

Eligibility

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- **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**
  - Funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.

- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers

- Fund raising events or paid fund raiser positions

- Lobbying and/or efforts to influence legislation

- Projects that cannot be completed within 12 months of receipt the grant award

- Projects that have already been completed

- Food (meals, per diem, board, lunch, beverages, *alcohol*, etc.)

- Medical services

Please answer the following ELIGIBILITY QUESTIONS. A “Yes” response will indicate that your organization and/or project are not eligible for funding.

**Is your organization a For-Profit Company?**

**Choices**

Yes  
No
Is your organization or project based outside of the U.S.?*
Choices
Yes
No

Does your project utilize contractors or vendors outside of the U.S.?*
Choices
Yes
No

Will grant funds support Research?*
Choices
Yes
No

Will grant funds support Rehabilitative Therapy?*
Choices
Yes
No

Will grant funds provide equipment to individuals and the equipment is not part of a loan closet?*
Please note that adaptive sports equipment that is used as part of a program and not given out to individuals and remain on the program site are allowable.
Choices
Yes
No

Does the equipment NOT adhere to the functions of providing access and promoting independence?*
Choices
Yes
No

Will grant funds support the development of prototypes involving intellectual property rights?*
This includes the invention of equipment or other research and development activities.
Choices
Yes
No

Will grant funds support construction of buildings/major construction?*
Choices
Yes
No

Will your project serve less than three individuals with paralysis, their families, or caregivers?
Choices
Yes
No

Will grant funds support fund raising events or paid fund raiser positions?*
Choices
Yes
No

Will grant funds support lobbying and/or efforts to influence legislation?*
Choices
Yes
No

Will your project take longer than 12 months to complete?*
Choices
Yes
No

Will grant funds support a project(s) that has already been completed?*
Choices
Yes
No

Will grant funds support food (meals, per diem, board, lunch, beverages, alcohol, etc.)?*
Choices
Yes
No

Will grant funds support medical services?*
Choices
Yes
No

Proposal Summary

Direct Effect Quality of Life grants must be completed within 12 months after receipt of the award funds. Grant projects awarded through the 2019 1st Cycle will start in June 2019 and close in May 2020*. 
*Exact dates to be determined based on Reeve Foundation review process.

**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."

Please answer "yes" or "no" to the following:

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

**Choices**
Yes
No

**Project Name**
*Character Limit: 100*

**High Impact Priority Focus Area**
Please choose the **High Impact Priority Focus Area** of your invited application from the list below:

**Choices**
Transportation
Respite/Caregiving
Disaster Response
Nursing Home Transition
Employment

**Amount Requested**
Please enter the amount requested from the Reeve Foundation.

*Character Limit: 20*

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

*Character Limit: 20*
**Previous Reeve Foundation Requests***
Check all that apply:

**Choices**
- Previously requested Reeve Foundation Quality of Life grant
- Previously awarded Reeve Foundation Quality of Life grant
- Don't Know
- First-time Applicant

**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 (e.g., Direct Effect, High Impact Priority, etc.)
- *An explanation of how this request differs from past QOL grant-funded projects.*

**Where did you learn about this grant opportunity?***
*Please select one from the list below.*

**Choices**
- Prior Grantee
- Word-of-mouth
- Received flyer
- The Foundation Center
- Other

*If other, please explain.*

**Organizational Information**

**Mission Statement***
*Please provide your organization's mission statement. (Three paragraphs or less.)*

**Description of Organization's History and Capacity***
*Please describe your organization and its capacity to do the proposed project; i.e., how long your organization has been in business; what experience and expertise your organization has in doing the proposed type of work; what makes your organization uniquely qualified to be successful in carrying out this proposed project. (Four paragraphs or less.)*
**Center for Independent Living Status***
Choose one of the answers below:

**Choices**
- Applicant organization is a Center for Independent Living (CIL)
- Applicant organization is an association of CILs
- Applicant organization is neither a CIL or an association of CILs

**Total Annual Operating Budget of the Organization***
* (Your organization's total expenses for one year.)

**Character Limit: 20**

**DUNS Number**
Please enter your organization's DUNS number.

Organizations awarded a grant of $30,000 and above must have a DUNS number.

Reeve Foundation Quality of Life grants are federally funded through the cooperative agreement with the Administration for Community Living (ACL), United States Department of Health and Human Services.

The DUNS number is a nine-digit number, issued by Dun & Bradstreet (D&B), assigned to each business location in the D&B database, having a unique, separate, and distinct operation for the purpose of identifying them. The DUNS number is random, and the digits have no apparent significance.

The DUNS number is a supplement to other identifiers, such as the EIN, and is required whether the application is made electronically or on paper. Dashes are not part of D&B's official definition of the DUNS number.

There is no charge to get a DUNS number, and the time to create the number is 24 to 48 hours.
[https://www.dandb.com/product/companyupdate/companyupdateLogin?execution=e1s1](https://www.dandb.com/product/companyupdate/companyupdateLogin?execution=e1s1)

**Federal funding***
Applicant organization has received federal funds through grants and/or contracts.

**Choices**
- Yes
- No
Not sure

**Federal funding annual total**
Please tell us the total federal funding received in 2018.

*Character Limit: 20*

**Prior Grantees - Final Report Form Upload**
Prior Reeve Foundation Quality of Life grantees must upload a copy of the final report for the last grant received. *Failure to provide a final report may result in your application not being reviewed.*

*File Size Limit: 5 MB*

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**Proposal Description**

**Project Description**
Please provide a description of the proposed project, including: the need for the project; who will benefit; what your organization wants to do and why; where and when it will take place, and how it will be done. List what the funds requested in this application will support. *(Four paragraphs maximum)*

*Character Limit: 3000*

**Independent Living, Inclusion, Community Integration**
Describe how this project will increase independent living for people with paralysis, promote inclusion, or support integration into the physical, cultural, and spiritual communities in which they live.

*Character Limit: 5000*

**Project Goals**
Provide at least one major goal of the project as well as a description of what you plan to accomplish.

*Character Limit: 3000*

**Timeline, Activities and Benchmarks**
Outline your project timeline of major project activities, including proposed start dates, benchmarks, and end dates.

*Character Limit: 1000*

**Evaluation**
Describe how you will evaluate the project. How will you know if it was successful in meeting its goal(s)? List the major outputs and outcomes of your project. [See the "Guide to Establishing Evaluation Indicators" (link provided here) as well as on our website.]

*Character Limit: 5000*
How many people affected by paralysis will benefit from the project?*
*This number includes people living with paralysis, members of their household, and their caregivers.*

Character Limit: 8

Underserved Targeted Population to be Served.*
Please tell us if your proposed project specifically targets any of the following underserved population groups. *Please select all that apply.*

Choices
- 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
- Rural Residents
- Survivors of violence
- None of These
- 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.*

Character Limit: 250

Age Group of Participants*
Please check the following age group(s) of intended participants in your proposed project. *Please check all that apply.*

Choices
- 0 - 4 years old
- 5 - 12 years old
- 13 - 18 years old
- 19 - 24 years old
- 25 - 45 years old
- 46 - 60 years old
- 61 - 90+ years old

Experience with Work in Priority Focus Area*
Please describe how long your organization has worked to address the priority focus area, and how this experience will contribute to the success of the proposed 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.

Proposed Client Engagement*
Please describe the extent to which proposed project stakeholders and/or clients have been identified and/or recruited for participation.

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:

Choices
Applicant organization is a MUA or MUP
Applicant organization is not a MUA or MUP
Not known if applicant organization is a MUA or MUP

MUA/MUP Designation*
If your organization is either a MUA or MUP, please tell us the designation. If your organization is not a MUA or MUP or if you do not know, enter "N/A"

Character Limit: 250
Budget Information

Proposed Project Budget*
All applicants are required to submit a completed Proposed Project Budget template (click link to download template or download directly from website) with this application.

Complete and upload the Proposed Project Budget template in Excel using the Project Budget upload button below.

Detailed instructions for completing the Proposed Project Budget template are included in the Application Guidelines.

*File Size Limit: 3 MB

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.

Budget Narrative*
Include a narrative for your budget that describes in detail and provides justification for each budget line item. Instructions for completing the Budget Narrative are included in the Application Guidelines. Upload the document using the upload button below.

*File Size Limit: 2 MB

Vendor Quotes
For multiple quotes, please scan into one document and upload.

File Size Limit: 5 MB

Other Sources of Funding
List other sources of funding (if applicable) for this project. Indicate whether the funding is committed or pending. Funding sources may be grouped; i.e., individuals, corporations, foundations, etc.

Character Limit: 250

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?

*Character Limit: 5000*

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**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.

*File Size Limit: 5 MB*
Christopher & Dana Reeve Foundation  
Grant Line-Item Budget

Name of Organization
Name of Project
One-Year Project Budget

*Note: Subtotal and Total costs will formulate automatically*

<table>
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<tr>
<th>Itimized Budget</th>
<th>Total Cost</th>
<th>Requested Amount</th>
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<tr>
<td><strong>Personnel Costs</strong></td>
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<tr>
<td><strong>Equipment Costs</strong></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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<tr>
<td>Equipment Subtotal</td>
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<tr>
<td><strong>Consultants/Contractors</strong></td>
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<td>Name of Consultant/Contractor (person or company) and one-sentence description of services</td>
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<tr>
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<tr>
<td>Supplies Subtotal</td>
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<td>Type of travel and one-sentence description of purpose</td>
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<td>Travel Subtotal</td>
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<table>
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<tr>
<th>Other Sources of Funding</th>
<th>Amount</th>
<th>Is this funding Committed or Pending?</th>
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<td>Internal Funds</td>
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<td>Individuals</td>
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<td>Foundations</td>
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<tr>
<td>Corporations</td>
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<td>Government - Federal</td>
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<td>Government - State</td>
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<td>Other</td>
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<td>TOTAL</td>
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<th>Summary of Funds Requested for</th>
<th>Requested Amount</th>
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<tbody>
<tr>
<td>Personnel</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Consultants/Contractors</td>
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<td>Supplies</td>
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<td>Travel</td>
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<td>Other Costs</td>
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<tr>
<td>TOTAL FUNDS REQUESTED</td>
<td>$</td>
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</tbody>
</table>
APPENDIX D – BUDGET NARRATIVE REQUIREMENTS

Quality of Life Grants Program
Budget Narrative Requirements

The budget narrative must include a description and justification of each budget category and line item presented in your proposed project budget. All expenses should relate clearly to the project 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 percent of time committed to the project. Indicate 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 benefit 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 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 of 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 minimus 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, and 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.
APPENDIX E – 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.