

## Quality of Life (QOL) Grant Application and Program Guidelines

### Direct Effect QOL Grants 2023 2<sup>nd</sup> Cycle

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**The Quality of Life grants program is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$9,447,037 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.**

**Before beginning your application**, please read all the information contained in this document to familiarize yourself with the grant programs and the application process and to better prepare the required information. Please add [QOL@ChristopherReeve.org](mailto:QOL@ChristopherReeve.org) and [administrator@grantinterface.com](mailto: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 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.

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

### **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 CAN NOT apply** on behalf of non-501(c)(3) nonprofit organizations.
- **501(c)(4) organizations** that do not have 501(c)(3) status are ineligible.

### **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.**

For example, there are five (5) Tiers of funding available twice a year. If your organization receives a Tier 2 Assistive Technology grant, you must wait one year after the grant is completed before you can apply for any other Quality of Life grant. You are now ineligible for a *second* Tier 2 Assistive Technology grant until after June 30, 2026, but you may apply for other categories in the same tier or for other tiers of funding.

If you have any questions regarding our new building community capacity initiative, please email [QOL@ChristopherReeve.org](mailto:QOL@ChristopherReeve.org) with the Subject Line "Eligibility Question."

### **Multiple Submissions**

Organizations may only apply for **one** grant in a grants cycle and only under one Tier. 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 – Underserved Populations**

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; older adults/elderly; and newly injured people with paralysis and their caregivers.

## **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 1999 a total of \$41 million to more than 3,700 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 Priority Impact 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 Expanded Impact grants program (Tier 5) was created in 2019 for previously awarded Quality of Life grantees whose programs and/or projects have achieved demonstrable, successful impact.

The 2023 2<sup>nd</sup> Cycle **Direct Effect** grants ***will start on January 1, 2024.***

All **Direct Effect** grants ***must be completed within 12 months.***

All grants are non-renewable.

## Direct Effect Grants

The **Direct Effect Quality of Life Grant (Tier 1)** is **open-focused** and will award at least 25 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.

### **Types of Direct Effect (Tier 1) Projects Funded**

Direct Effect Quality of Life grants funds a wide range of projects, including:

- Accessible Beach/Dock/Pier
- Accessible Playground/Ball Field
- Accessible Community Spaces
- Accessible Trail
- Adaptive Sports
- 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
- Media Development
- Peer Mentoring and Support
- Service Animal Program
- Therapeutic Horseback Riding
- Transitioning Home
- Transportation

For full lists of previously funded projects please visit <https://www.christopherreeve.org/get-support/grants-for-non-profits/past-quality-of-life-grantees>.

## Funding Restrictions

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, home modifications, gift cards for participants, etc.
- For-Profit Companies
  - This also includes Nonprofit organizations acting as Fiscal Sponsors for a for-profit company
  - Organizations that do not have their 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 are 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 6 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; 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.
- The development of prototypes for the 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, 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 is 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

**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**

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.

Travel expenses are consistent with federal allowances (up to):

- Airfare \$500
- Train \$275
- Hotel \$225 per night
- Mileage 62 cents per mile

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

### **Budget Specificity and Vendor Quotes**

**BE SPECIFIC in your funding requests.** For example, if you are requesting funds for an accessible playground, be specific in the proposed budget indicating the piece of equipment (accessible merry-go-round, swing, etc.) or part of the process (e.g., poured rubber playground surface). Include vendor quotes for the specific budget line items. **DO NOT** request a blanket \$25,000 budget line with no detail. Vendor quotes must be current at the time of application submission. Vendor quotes are strongly recommended for all equipment and services.

### **Accessing the Online Grants Portal**

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>.

**You must have an organization profile/account in the online system 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](mailto:QOL@ChristopherReeve.org). Please do not create a duplicate organization profile, as all organizational application history is connected to the grant profile.

#### **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 can 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](mailto:QOL@ChristopherReeve.org) for assistance.

Please be sure to review your organization and contact profiles in the online system and update them with your most current information.

## **Preparing Your Application**

The list of application questions (Appendix A) 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.

## **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.

### **Acknowledgment 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 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 on social media, our website, and in newsletters and other publications. 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.

### **Reports**

**Grant recipients must submit progress reports to the Reeve Foundation.** Interim reports 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. Final reports are 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.

The reporting requirements are as follows:

1. Direct Effect
  - a. 12-month grants – Grantee Reporting
    - i. Interim at 6 months
    - ii. Final at 13 months

All project activities including reporting data (outputs/outcomes) must be completed or finalized by the final report due date.

Please ensure that your project timeline includes/accounts for:

- all project activity schedules including the time needed to compile and report on evaluation data (outputs & outcomes)
- the time needed to get the necessary approvals for your project activities like purchasing equipment or payment of invoices. This will eliminate the need for an extension due to prolonged or lengthy internal approval process.

### **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 them to evaluate the impact of your project.

### **Grant Close-Out**

To successfully close out the grant award, the Grantee must have timely submitted a final narrative report indicating program accomplishments and outcomes, and a financial report showing fully expended grant funds related to the awarded/approved grant budget. After receiving and reviewing these reports, barring any additional information requested, the Foundation will send notification of grant closure.

### **Unused Funds and Changes in Grant Objectives or Activities**

If 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 grantee's original purpose, project, and/or program 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, the grantee shall remit 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 the 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.

### **Grant Termination**

The Foundation reserves the right to terminate a grant if the project or program is no longer within Reeve Foundation funding parameters or for failure to comply with the terms and conditions of the award as stipulated in the grant award letter. If the grant is terminated, the grantee must provide the Reeve Foundation a complete and detailed reporting of expended funds. The grantee must also return all unused funds. Failure to comply with these provisions may result in your organization being reported to the Internal Revenue Service (IRS), the Office of Inspector General, and the Administration for Community Living (ACL). Terminated organizations will also be barred from receiving future Reeve Foundation funds for seven years.

### **Providing Programmatic Direction/Feedback**

**In adherence with our federal cooperative agreement, we cannot provide programmatic direction or comment on denied applications to organizations applying for Quality of Life grants, as offering direction/giving feedback would be providing an unfair advantage over other applicants. Pre-award telephone calls cannot be accommodated, and voicemails will not be answered.**

### **Direct Effect (Tier 1) and Priority Impact (Tiers 2-4)**

- Cycle Opens: August 30, 2023
- Technical Assistance Webinar: September 6, 2023 (register [here](#))
- Deadline for emailed questions: September 12, 2023 (email to [QoL@ChristopherReeve.org](mailto:QoL@ChristopherReeve.org))
- Proposals Due: October 11, 2023
- External Review: October 16 – November 3
- Internal Review: November 8– December 5
- Grants awarded by the end of December
- Grant period begins January 1, 2024

## Appendix

**Direct Effect Application Questions (Appendix A)**

**Proposed Project Budget Template (Appendix B)**

**Budget Narrative Requirements (Appendix C)**

**Procurement Policy (Appendix D)**

**Direct Effect Scoring Rubric and Application Review Form (Appendix E)**

**Sample Interim Report (Appendix F)**

**Sample Final Report (Appendix G)**

# 2023 2nd Cycle Direct Effect

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*Christopher & Dana Reeve Foundation*

## *Application Deadline*

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**WEDNESDAY, OCTOBER 11TH 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](mailto:QOL@ChristopherReeve.org) before proceeding.*

### **Review Language Guide\***

We confirm that we have read and understand the Reeve Foundation's <https://www.christopherreeve.org/get-support/grants-for-non-profits/guidelines-for-discussing-people-with-disabilities> Guidelines for Discussing People with Disabilities.

### **Choices**

Yes

No

**UNIQUE ENTITY ID**

**Organizations requesting the full \$25,000 MUST provide a valid SAM.gov issued Unique Entity ID.**

If you already have a SAM.gov-issued Unique Entity ID, you will need to include it below under the Organizational Information section. If you do not have one, ***we urge you to apply immediately as the SAM.gov processing time is very lengthy – see instructions below under the Organizational Information section.***

***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 (90PRRC0006-03-00).

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 6 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.

### Choices

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.**

### Choices

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

**Select your organization type - other\***

If you did not select 'Other' for the question above, please write "N/A"

*Character Limit: 250*

**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 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 or supplies to individuals permanently or as a gift?\***

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 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, water, alcohol, etc.)?\***

**Choices**

Yes

No

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

**Choices**

Yes

No

## *Proposal Description*

---

### **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*

### **Project type\***

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

#### **Choices**

Accessible Beach/Dock/Pier  
 Accessible Community Spaces  
 Accessible Playground/Ballfield  
 Accessible Trail  
 Adaptive Sports  
 Advocacy  
 Arts  
 Camp  
 Caregiving  
 Consumer Education  
 Durable Medical Equipment  
 Education  
 Employment  
 Facility Accessibility Modifications  
 Fitness and Wellness  
 Healthcare  
 Media Development  
 Peer Mentoring and Support  
 Service Animal Program  
 Therapeutic Horseback Riding  
 Transitioning Home

## Transportation

**Project description\***

Provide a simple and brief description of the proposed project which includes WHY (project need), WHO (beneficiaries), WHAT (activities, offerings), and AMOUNT (of Reeve funding requested) for your project. Keep it simple as other specific project components like timeline, goals, impact, etc. are covered under different sections of the application.

For example: We operate a community center which houses an adaptive fitness center that is frequented by 72 people living with paralysis on a weekly basis. All services offered through the community center including the use of the fitness center are free of cost for all. There is no other adaptive fitness center within a 50-mile radius. The existing adaptive fitness equipment has outlived its useful life and needs to be replaced. We are requesting \$25,000 to purchase one WheelChair Fitness Solution Exercise System and two Spirit CR900 Recumbent Bikes (vendor quotes attached).

*Character Limit: 5000*

**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.

*Character Limit: 5000*

**Project Goals - Proposed\***

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

*Character Limit: 10000*

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

Please note that for your Direct Effect application to be eligible, project timeline and expenditures must be able to be completed within the 12-month grant period.

**Choices**

Yes

No

**Timeline, activities and benchmarks\***

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

*Character Limit: 6000*

**Expected impact\***

Describe the extent to which the proposed project / program is likely to have a significant, direct impact on the target population. What difference will the proposed project / program make in the lives of individuals living with paralysis and their families?

*Character Limit: 10000*

### Impact - # of Individuals with Paralysis - Proposed\*

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

*Character Limit: 250*

### Impact - individuals living with paralysis\*

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

*Character Limit: 5000*

### Impact - # of Caregivers / Family Members of Individuals with Paralysis - Proposed\*

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

*Character Limit: 250*

### Impact - caregivers and family members of those living with paralysis\*

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

*Character Limit: 5000*

### 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.*

#### 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
- 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."

*Character Limit: 250*

### Age group of participants\*

Check the following age group(s) or 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

### 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?

*Character Limit: 5000*

### Evaluation and Project Measures - Proposed\*

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: 10000*

### ***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 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

## *Accessible Playground Branch Question*

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You have selected **Accessible Playground** as your project's Direct Effect project type. The following question must be answered.

Playground Construction Guidelines:

- 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.

*Please email QOL@ChristopherReeve.org with any questions.*

### **Will grant funds support the construction of a new playground?\***

See the above information for playground eligibility. Please note that a 'Yes' response will indicate your playground is not eligible for funding from the Reeve Foundation.

#### **Choices**

Yes - this will be a new playground installation.

No - we confirm that grant funds will NOT support the installation of a new playground.

### **Playground Rendering Upload**

Please upload a rendering/design of the proposed playground.

*File Size Limit: 6 MB*

## *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., \$24,958 not \$24,957.75).*

*Character Limit: 20*



## Total Proposed Project Budget Amount\*

Enter the total budget amount for the entire proposed project. (\$US)

*Character Limit: 20*

## 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.

*File Size Limit: 5 MB*

## 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 below.

Download Template

*File Size Limit: 5 MB*

## Vendor Quotes

Vendor quotes are ***strongly recommended*** (especially for all equipment purchases and consultants/contractors) and can strengthen your request.

*Vendor quotes and other information that support budget items may be scanned and uploaded using the upload button 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.*

*File Size Limit: 6 MB*

## Vendor Quote Confirmation\*

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

### Choices

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"

*Character Limit: 250*

## 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?

*Character Limit: 3000*

## Organizational Information

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### 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 operating budget amount for the current year *(\$US)*.

*Character Limit: 20*

### 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 do 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."

*Character Limit: 50*

### **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".

*Character Limit: 250*

### **Federal Audit Requirements\***

Is your organization required to file an annual single audit?

#### **Choices**

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).

#### **Choices**

Yes

No

### **Federal Funding Annual Total\***

*Character Limit: 20*

### **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?

#### **Choices**

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?

### Choices

Yes

No

## Previous Reeve Foundation requests\*

Select one from the list below.

### Choices

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.***

*Character Limit: 5000*

## 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.

*File Size Limit: 5 MB*

## Where did you learn about this grant opportunity\*

Select one from the list below.

### Choices

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.

*Character Limit: 1000*

## *Supporting Documentation*

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### 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*

### 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.

*File Size Limit: 5 MB*

## *Cycle Application, Review and Notification Timeline*

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- Cycle Opens: August 30, 2023
- Technical Assistance Webinar: September 6, 2023 (register here)
- Deadline for emailed questions: September 12, 2023 (email to QoL@ChristopherReeve.org)
- Proposals Due: October 11, 2023
- External Review: October 16 – November 3
- Internal Review: November 8– December 5
- Grants awarded by the end of December
- The grant period begins January 1, 2024

Applicants are urged to view the Technical Assistance Webinar on Wednesday, September 6, 2023, at 3 pm EASTERN. 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 as well as during and after the webinar. All questions will be collected, aggregated, answered, and posted

in a *Questions and Answers* document on the website. **The deadline for emailed questions is September 12th.**

**In adherence with our federal cooperative agreement we are unable to provide programmatic direction or comment on denied applications to organizations applying for Quality of Life grants, as providing direction/giving feedback would be providing unfair advantage over other applicants. Pre-award telephone calls will not be accommodated and voicemails will not be answered.**

**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.**

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Christopher & Dana Reeve Foundation - Proposed Project Budget Template

APPENDIX B

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.**

Itemized Budget		Total Cost	Requested Amount (Proposal)
<b>Personnel Costs</b>			
List all positions by title	% FTE		
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Personnel Subtotal</b>		\$ -	\$ -
<b>Equipment Costs</b>			
Itemize and provide descriptions of equipment (indicate below if vendor quote is attached to support equipment request)			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Equipment Subtotal</b>		\$ -	\$ -
<b>Consultants/Contractors</b>			
Name of Consultant/Contractor (person or company) and one-sentence description of services			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Consultants/Contractors Subtotal</b>		\$ -	\$ -
<b>Supplies</b>			
Itemize and provide description of supplies (indicate below if vendor quote is attached to support supplies request)			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Supplies Subtotal</b>		\$ -	\$ -
<b>Travel</b>			
Type of travel and one-sentence description of purpose			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Travel Subtotal</b>		\$ -	\$ -
<b>Other Costs</b>			
Item (good or service) and one-sentence description of purpose			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Other Costs Subtotal</b>		\$ -	\$ -
<b>TOTAL COSTS</b>		\$ -	\$ -

<b>Funding Gap:</b> Difference between Total Cost & Requested Funds from Reeve <i>(These fields will formulate automatically)</i>	#DIV/0!	\$ -
-----------------------------------------------------------------------------------------------------------------------------------------	---------	------

Other Sources of Funding (to offset funding gap)	Amount	Is this funding Committed or Pending?
Internal Funds	\$ -	
Individuals	\$ -	
Foundations	\$ -	
Corporations	\$ -	
Government - Federal	\$ -	
Government - State	\$ -	
Other	\$ -	
<b>TOTAL</b>	\$ -	



## APPENDIX C

### 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.

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.

**Direct Effect Quality of Life Grants  
Application Review Scoring Rubric**

Application Sections to be Scored			Scoring Option	Max Score
Proposal Description	1	Project Description	1-5	5
	2	Independent Living, Inclusion, Community Integration	1-5	5
	3	Project Goals	1-5	5
	4	Timeline, Activities, Benchmarks	1-5	5
	5	Expected Impact	1-5	5
	6	Impact - # of individuals living with paralysis	1-5	5
	7	Underserved targeted population to be served	1-5	5
	8	Outreach	1-5	5
	9	Evaluation	1-5	5
Budget Information	10	Proposed Project Budget	1-5	5
	11	Budget Narrative	1-5	5
				55

Scoring Rubric Guidance		
	Score	
<b>Excellent</b>	<b>5</b>	Exceptionally strong. No deficiencies. Fully and clearly responsive to the question. Excellent fit with overall objectives of the grant program and opportunity for quantifiable impact.
<b>Very Good</b>	<b>4</b>	Strong with negligible weaknesses. Good fit and potential for impact.
<b>Good</b>	<b>3</b>	Adequate. Some weaknesses exist, but none of major concern.
<b>Fair</b>	<b>2</b>	A few strengths and a few minor weaknesses and/or at least one significant weakness that undercuts proposal.
<b>Poor</b>	<b>1</b>	Very few strengths and numerous major weaknesses. Does not meet criteria.

# Direct Effect

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*Christopher & Dana Reeve Foundation*

## *External Review Form*

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### **Project name**

*Character Limit: 100*

### **Amount Requested**

Enter the amount requested from the Reeve Foundation. (*\$US*)

*Character Limit: 20*

### **Project Description\***

Does the project description justify the need for the project? Does it demonstrate that the proposed project design can be successfully implemented? Does the project fit with the overall objectives of the grant program? Is there an opportunity for impact? Does the organization have the capacity to carry out the project as proposed?

**Scoring Options:** 1 - 5

### **Project Description Comments\***

*Character Limit: 1000*

### **Independent Living, Inclusion, Community Integration\***

Does the project demonstrate that it will be successful in meeting one of the following:

- Increasing independent living for people with paralysis?
- Promoting inclusion?
- Supporting integration into the physical, cultural, and spiritual communities in which they live?

**Scoring Options:** 1 - 5

### **Independent Living, Inclusion, Community Integration Comments\***

*Character Limit: 1000*

### **Project Goals\***

Are the project goals in alignment with the project description? Are they specific and measurable? Are the goals realistic and achievable within the one-year grant period?

**Scoring Options:** 1 - 5

### **Project Goals Comments\***

*Character Limit: 1000*

### Timeline, Activities, Benchmarks\*

Is the timeline feasible? Do the proposed activities clearly match the project goals? Are benchmarks included to keep the goals of the project on track?

**Scoring Options:** 1 - 5

### Timeline, Activities and Benchmarks Comments\*

*Character Limit: 1000*

### Expected Impact\*

Will the proposed project have a significant, direct impact on the target population? Will it make a difference in the lives of individuals with paralysis and their families?

**Scoring Options:** 1 - 5

### Expected Impact Comments\*

*Character Limit: 1000*

### Number of People Affected By Paralysis\*

Does the proposed project serve a majority of people living with paralysis, their families, and caregivers?

**Please Note:** While we will consider supporting programs that include people that have other types of disabilities (cross-disabilities), it is important to remember that the 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.

**Scoring Options:** 1 - 5

### Number of People Affected By Paralysis Comments\*

*Character Limit: 1000*

### Underserved Targeted Population to be Served\*

Does the application demonstrate that the proposed project will reach the underserved targeted population identified?

Does it demonstrate that the organization will provide culturally competent services and/or outreach to the underserved populations identified?

**Scoring Options:** 1 - 5

### Underserved Targeted Population Comments\*

*Character Limit: 1000*

### Outreach\*

Does the application demonstrate that the proposed project will reach the intended audience?

**Scoring Options:** 1 - 5

## Outreach Comments\*

*Character Limit: 1000*

### Evaluation\*

Does the proposal demonstrate the applicant's capacity to identify and measure quantitative outputs and qualitative outcomes to evaluate the impact of the proposed project?

Does the proposal provide specific outputs (for example, an increase in the number of people served, an increase in the amount of time each client is served, or an increase in the geographical area served)?

Does it show how the organization will know if the program worked or has been successful? Or what will change as a result of the project (e.g., changes in behaviors, attitudes or knowledge)?

**Scoring Options:** 1 - 5

## Evaluation Comments\*

*Character Limit: 1000*

### Proposed Project Budget\*

In reviewing the budget, do the costs appear reasonable? Allocable? Are they allowable? Through the budget review, we are asked to determine the necessity, reasonableness and appropriateness of the specific costs in the line-item budget.

Is the proposed budget appropriate given the project description, activities and goals? Do the budget line items clearly match what is proposed in the narrative? Does it include restricted items or unallowable expenses?

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

**Scoring Options:** 1 - 5

## Proposed Project Budget Comments\*

*Character Limit: 1000*

### Budget Narrative\*

Does the budget narrative include clear descriptions and justifications of each budget category and line item presented in the proposed project budget? Do the expenses clearly relate to the project narrative?

**Scoring Options:** 1 - 5

## Budget Narrative Comments\*

*Character Limit: 1000*

### Recommend for Funding?\*

Based upon your review, would you recommend this grant application for funding? Please respond *Yes* or *No*.

#### Choices

Yes

No

### Recommend for Funding Comments\*

*Character Limit: 1000*

# 2023 1st Cycle Direct Effect

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*Christopher & Dana Reeve Foundation*

## *Interim Report - Direct Effect Quality of Life Grants*

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### **Project name**

*Character Limit: 100*

### **Amount awarded**

*Character Limit: 20*

### **Schedule / timetable\***

Is the project on schedule as outlined in your approved proposal?

#### **Choices**

Yes

No

### **Schedule / timetable - not on time - explanation\***

If your project is on schedule, enter "N/A."

If you indicated that the project is not on schedule explain why and describe how this will impact the overall success of the project.

What are your plans to ensure timely completion within the one-year project deadline?

*Character Limit: 3000*

### **Project accomplishments\***

What are the project accomplishments to date?

*Character Limit: 10000*

### **Project changes\***

Were there any changes made to the approved project? Explain any modifications made.

*Please note as indicated in the grant award letter, all changes in project scope must be approved prior to report submission.*

*Character Limit: 3000*

### **Financial reporting\***

Use the provided Expenditure Report Template to report on approved budget versus actual expenditures to date and upload your updated Excel file using the "Upload a file" button below.



## Expenditure Report Template Download

### If a budget revision is needed:

- **DO NOT** submit your report.
- Request a budget revision by contacting [PPatel@ChristopherReeve.org](mailto:PPatel@ChristopherReeve.org)

**ALL BUDGET CHANGES MUST BE SUBMITTED AND APPROVED BY THE REEVE FOUNDATION PRIOR TO THE SUBMISSION OF YOUR REPORT.**

*File Size Limit: 5 MB*

### Additional materials

Upload copies of any significant materials including newsletters, brochures, articles, etc. that shed light on the project or your organization's recent activities.

Scan into **one** document and upload using the button below.

*File Size Limit: 10 MB*

### 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.

*File Size Limit: 5 MB*

# 2023 1st Cycle Direct Effect

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*Christopher & Dana Reeve Foundation*

## *Final Report*

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### **Project name\***

*Character Limit: 100*

### **Amount awarded**

*Character Limit: 20*

### **Project completion\***

Has the project been completed in full, including full expenditure of the grant funds and any evaluation and outcome measures that you proposed in your application?

Respond "Yes" or "No."

#### **Choices**

Yes

No

### **Project not complete - explanation\***

If your project is completed in full, enter "N/A."

If you indicated that the project is not completed:

- Explain why;
- Describe how this impacts the overall success of the project; and
- Indicate what you propose to complete the project and within what time frame.

*Character Limit: 10000*

*You provided the following Project goals in your application. Please review before replying to the next question.*

### **Project goals**

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

*Character Limit: 10000*

### **Project goals - final report\***

**Review the project goals proposed from your organization's application above.** What were the project / program's accomplishments and outcomes of the proposed goals? If these goals were

not reached, describe how your organization adjusted to maintain the original scope of the grant application.

*Character Limit: 10000*

### **Project changes\***

Were there any changes made to the approved project? Explain any modifications made. ***Please note as indicated in the grant award letter, all changes in project scope must be approved prior to report submission.***

*Character Limit: 3000*

### **Project measures\***

Provide specific information on the quantitative outputs and qualitative outcomes (as identified in your proposal) that you have measured to evaluate the impact of your project, as well as the evaluation tools employed.

*Character Limit: 10000*

***In your grant application you provided the following Impact number of individuals living with paralysis to be served by this project / program.***

### **Impact - number of individuals living with paralysis**

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

*Character Limit: 250*

### **Final impact - number of individuals living with paralysis\***

How many individuals living with paralysis **were** served by this project / program?

*Character Limit: 250*

### **Final impact - individuals living with paralysis\***

Review the proposed number of individuals living with paralysis (listed above) versus the actual number served by your project / program. Did the project / program serve the proposed number of individuals living with paralysis? If not, describe the challenges or contributing factors that lead to reduced service numbers. If yes, how did your organization adjust to serve a higher number of people than anticipated?

*Character Limit: 6000*

***In your grant application you provided the following Impact number of family members and caregivers of those living with paralysis to be served by this project / program.***

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

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

*Character Limit: 250*

## Final impact - number of family members and caregivers of those living with paralysis\*

How many family members and caregivers of those living with paralysis **were** served by the project / program?

*Character Limit: 250*

## Final impact - family members and caregivers of those living with paralysis\*

Review the proposed number of family members and caregivers of individuals living with paralysis (listed above) versus the actual number served by your project /program. Did the project / program serve the proposed number of family members and caregivers of individuals living with paralysis? If not, describe the challenges or contributing factors that lead to reduced service numbers. If yes, how did your organization adjust to serve a higher number of people than anticipated?

*Character Limit: 6000*

## Long-term impact\*

How many people living with paralysis will be served by this project / program in the next 5 years?

For example, if the grant supports the purchase of equipment that will serve 20 people during the grant year, and you expect the equipment to last 5 years, you could reason it would serve 80 additional people over the remaining 4 years of the life of the equipment.

Please explain how you arrived at this figure.

*Character Limit: 1000*

## Challenges\*

Identify any challenges / obstacles faced during the grant period. Identify how you addressed them.

*Character Limit: 3000*

## Lessons learned\*

Describe what the organization has learned during the project period to date, and any implications this has beyond the grant period.

*Character Limit: 3000*

## Financial reporting\*

Use the provided Expenditure Report Template to report on approved budget versus actual expenditures to date and upload your updated Excel file using the "Upload a file" button below.

Expenditure Report Template Download

**If a budget revision is needed:**

- **DO NOT submit your report.**
- **Request a budget revision by contacting PPatel@ChristopherReeve.org**

**ALL BUDGET CHANGES MUST BE SUBMITTED AND APPROVED BY THE REEVE FOUNDATION PRIOR TO THE SUBMISSION OF YOUR REPORT.**

*File Size Limit: 3 MB*

### **Additional materials**

Upload copies of any significant materials including newsletters, brochures, articles, etc. that shed light on the project or your organization's recent activities.

Scan into **one** document and upload using the button below.

*File Size Limit: 10 MB*

### **Additional supporting materials**

If you need to upload additional supporting materials, please scan into **one** document and upload using the upload button below.

*File Size Limit: 5 MB*

## *Impact Evaluation*

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*This section of your report deals with the impact of the project, and is managed by Vanderbilt University, with which the Reeve Foundation contracts to conduct evaluation of the Paralysis Resource Center programs.*

### **Volunteer opportunities\***

Did your project create any volunteer opportunities in the community?

#### **Choices**

Yes

No

### **Military / Veteran programs\***

Did your project serve any military or veteran populations of persons with paralysis?

#### **Choices**

Yes

No

**In the following section, please choose the answer that most closely reflects the extent to which you agree or disagree with each statement. Choices are:**

- Strongly disagree
- Somewhat disagree

- Slightly Disagree
- Neither Agree or Disagree
- Slightly Agree
- Somewhat Agree
- Strongly Agree
- N/A Unable to Determine

### Effect on quality of life\*

To date, the project has had a **significant effect on quality of life** for individuals living with paralysis and/or their families.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A unable to determine

### Effect on functional independence\*

To date, the project has had a **significant effect on functional independence** for individuals with paralysis and/or their families.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### Community integration\*

To date, the project has had a **significant effect on inclusion or community integration** for individuals with paralysis.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree

Strongly agree  
N/A Unable to determine

### Increased knowledge of resources\*

To date, this project has lead to **increased knowledge or awareness of available resources** for individuals with paralysis and/or their families.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### Access to community resources\*

To date, the project has lead to **increased access to community resources** (e.g. financial, education, social) for individuals with paralysis and/or their families.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### Increased decision-making skills\*

To date, the project has led to **increased decision-making skills** for individuals with paralysis and/or their families.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### Increased self-determination\*

To date, the project has led to **increased self-determination** for individuals with paralysis.

#### Choices

Strongly disagree  
 Somewhat disagree  
 Slightly disagree  
 Neither agree or disagree  
 Slightly agree  
 Somewhat agree  
 Strongly agree  
 N/A Unable to determine

### Improvement in abilities or skills\*

To date, the project has led to **improvement in abilities or skills** for individuals with paralysis. (For example, improvement in employment and job skills/abilities, but it could also be used to capture improvement in physical abilities and skills such as core strength due to therapeutic horseback riding or even improved ability to ride a horse or sit up.)

#### Choices

Strongly disagree  
 Somewhat disagree  
 Slightly disagree  
 Neither agree or disagree  
 Slightly agree  
 Somewhat agree  
 Strongly agree  
 N/A Unable to determine

### Increased community interaction\*

To date, the project has **increased the number of interactions** of persons with paralysis and community members.

#### Choices

Strongly disagree  
 Somewhat disagree  
 Slightly disagree  
 Neither agree or disagree  
 Slightly agree  
 Somewhat agree  
 Strongly agree  
 N/A Unable to determine

### Changes to people's perception of persons with paralysis\*

To date, the project has **affected the way people think about persons with paralysis**.

#### Choices

Strongly disagree  
 Somewhat disagree  
 Slightly disagree  
 Neither agree or disagree  
 Slightly agree  
 Somewhat agree



Strongly agree  
N/A Unable to determine

### Increased health status\*

To date, the project has led to **increased health status** of individuals with paralysis.

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### New collaborations\*

To date, the project has led to **NEW collaborations with your organization and other disability-related agencies, organizations, nonprofits.**

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### Existing collaborations\*

To date, the project has led to **furthering EXISTING collaborations with your organization and other disability related agencies and/or nonprofit organizations.**

#### Choices

Strongly disagree  
Somewhat disagree  
Slightly disagree  
Neither agree or disagree  
Slightly agree  
Somewhat agree  
Strongly agree  
N/A Unable to determine

### Underserved populations\*

To date, the project has **served traditionally underserved populations** within the individuals with paralysis and family/caregiver community.

#### Choices

Strongly disagree  
 Somewhat disagree  
 Slightly disagree  
 Neither agree or disagree  
 Slightly agree  
 Somewhat agree  
 Strongly agree  
 N/A Unable to determine

### Impact on fundraising\*

The partnership with the Christopher & Dana Reeve Foundation has let to my organization's **ability to acquire more funds from other foundations/donors.**

#### Choices

Strongly disagree  
 Somewhat disagree  
 Slightly disagree  
 Neither agree or disagree  
 Slightly agree  
 Somewhat agree  
 Strongly agree  
 N/A Unable to determine

### Community impact\*

In what ways did your project **affect the community of persons with and without paralysis?**  
 Please provide a narrative response.

*Character Limit: 3000*

## *Reeve Foundation Satisfaction Evaluation*

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*Your satisfaction is important to us, and your feedback helps us improve our future grant processes. Please respond to the questions below using these responses:*

- Not At All Satisfied
- Slightly Satisfied
- Moderately Satisfied
- Highly Satisfied
- Very Satisfied
- N/A or Unable to Judge

### Application process\*

How satisfied were you with the application process?

### Choices

Not At All Satisfied  
Slightly Satisfied  
Moderately Satisfied  
Highly Satisfied  
Very Satisfied  
N/A or Unable to Judge

### Ease of the application\*

How satisfied were you with the ease of filling out the application?

### Choices

Not At All Satisfied  
Slightly Satisfied  
Moderately Satisfied  
Highly Satisfied  
Very Satisfied  
N/A or Unable to Judge

### Clarity of the application\*

How satisfied were you with the clarity of the application?

### Choices

Not At All Satisfied  
Slightly Satisfied  
Moderately Satisfied  
Highly Satisfied  
Very Satisfied  
N/A or Unable to Judge

### Application templates\*

How satisfied were you with the application templates (budget and budget narrative)?

### Choices

Not At All Satisfied  
Slightly Satisfied  
Moderately Satisfied  
Highly Satisfied  
Very Satisfied  
N/A or Unable to Judge

### Application feedback (optional)

How can the Reeve Foundation improve it's application or process?

*Character Limit: 2000*

### Webinar - submission information\*

How satisfied were you with the technical assistance webinar **in preparation for what information you needed to submit the application?**

### Choices

Not At All Satisfied  
Slightly Satisfied  
Moderately Satisfied  
Highly Satisfied  
Very Satisfied  
N/A or Unable to Judge

### Webinar - program goals\*

How satisfied were you with the technical assistance webinar in helping you better understand the goals of the program?

### Choices

Not At All Satisfied  
Slightly Satisfied  
Moderately Satisfied  
Highly Satisfied  
Very Satisfied  
N/A or Unable to Judge

### Webinar feedback (optional)

How can the Reeve Foundation improve it's Technical Assistance Webinar?

*Character Limit: 2000*

### Timeline/feasibility\*

Was the 12-month timeline of implementation feasible for your project scope?

### Choices

Yes  
No

### Process improvement\*

How can the Reeve Foundation improve upon its grantmaking process?

*Character Limit: 2000*

We deeply appreciate your cooperation and your commitment to improving the lives of those living with paralysis, along with their families and caregivers. Thank you.

*Once this form has been submitted, please allow up to 2-3 weeks for processing. Quality of Life staff will reach out with any report-related questions, and a grant closure notification email detailing when your organization will be re-eligible to apply for funding will be sent upon completed review.*