Quality of Life (QOL) Grant Application and Program Guidelines – Fall 2023

Priority Impact QOL Grants

Table of Contents:

Before beginning your application, please read all of 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 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 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. **Nonprofit 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 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. 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.

Fall 2023 **Priority Impact** grants **will start on January 1, 2024.**

Priority Impact Tier 2 grants **must be completed within 12 months.**
Priority Impact Tier 3 grants **must be completed within 18 months.**
Priority Impact Tier 4 grants **must be completed within 24 months.**

All grants are non-renewable.

Priority Impact Grants

The Priority Impact Grant Tiers (Tiers 2, 3, & 4) offer three increasing levels of grant funding. Priority Impact grants fund priority issues for individuals living with paralysis. Grantee organizations will demonstrate the capacity to implement the grant without intensive technical assistance and capacity building, as well as demonstrate the capacity for program development, evaluation, and sustainability.

Tier 2 – Grants of up to $30,000. (Grants must be completed within **12 months.)**
- Assistive Technology
- Disaster Preparedness
- Respite/Caregiving

Tier 3 – Grants of up to $40,000. (Grants must be completed within **18 months**)
- Racial Equity
- Rural Unserved and Underserved Populations

Tier 4 – Grants of up to $50,000. (Grants must be completed within **24 months)**
- Employment
- Nursing Home Transition

Tier 2 – Grants must be completed within 12 months

Assistive Technology

Assistive Technology grants are a new priority area that differs from the previous High Impact Innovative Assistive Technology (HIIAT) grants program (2015-2020) and the Direct Effect assistive technology project type grants. This new tier is open to all organizations with the continued emphasis on increasing the independence of people living with paralysis, to assist them to participate fully in the communities of which they are a part, and enhance their social, employment, education, or finance-related quality of life through the use of assistive technology.

Disaster Preparedness

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

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

Tier 3 – **Grants must be completed within 18 months**

Racial Equity

The aim of the Reeve Foundation's new grants program is to fund **projects that explicitly benefit people** and communities that are racially diverse and/or historically underserved **living with paralysis and/or promote racial equity for people living with paralysis**. The projects may focus on a number of issues (see below for examples) that **enhance the quality of life of those individuals living at the crossroads of racial inequity and paralysis,** especially those from Black, Latino, Indigenous and Native American, Asian American and Pacific Islander communities, and other marginalized racial groups.

We urge you to examine the needs of your communities. These projects should identify how your organization aims to address the injustices and inequalities affecting targeted population(s) within your community that are racially diverse and/or historically underserved.

Examples of projects serving those unserved communities noted above:
- Advocacy and Education
  - Addressing civil rights
  - Educating policymakers
  - Educating employers or employees on accessible workplace/workforce issues
  - Conducting surveys that lead to better understanding of data
  - Providing consultation services to navigate the college enrollment process
  - Providing financial literacy education
  - Providing assistance in navigating Medicare and insurance
- Health
  - Addressing inequality in access to basic health care Examining discrimination in health care
  - Providing opportunities to engage in health & wellness activities

- o Purchasing accessible examination tables to provide access to complete health assessments and/or to train medical professionals on providing complete accessible examinations
- o Providing access to healthy foods in areas where food deserts exist
- o Providing nutrition classes on health eating
- Justice/Civic
  - o Understanding police involvement and exacerbated tensions and relations with racially diverse people who are also living with a disability
- Career
  - o Eliminating barriers and creating career opportunities that lead individuals out of poverty and into gainful employment

Please review the [full program details and rationale](#) for detailed information prior to submitting an application.

Rural Unserved and Underserved

The aim of the Reeve Foundation's new grants program is to fund **projects that explicitly benefit people living with paralysis in unserved and underserved rural communities.**

Projects will focus **on promoting accessibility and participation in rural communities** through foci such as (not inclusive):
- Transportation
  - o Providing access to safe and affordable transportation options
  - o Providing accessible driver's education/training programs
- Assistive Technology and Durable Medical Equipment
  - o Short-term AT Equipment Loan Programs
    - ▪ Ramps
    - ▪ Broadband internet
  - o AT Demonstration Centers
- Employment and education
- Peer and Family Support Groups
- Health
  - o Rural Community Health Centers or Veterans Hospitals
  - o Care Coordination
  - o Telehealth
- Agriculture and access to healthy foods

Please review the full [program details and rationale](#) for detailed information prior to submitting an application.

Employment

The Employment – Priority Impact grants are one of Reeve's top priorities because employment is fundamental in achieving and maintaining independence while being one of the most challenging obstacles to individuals living with paralysis. In addition, gainful employment allows people living with paralysis to achieve enhanced financial security, higher quality of life, and improved community connections.

Grant funds support programs and projects that:

- Assist individuals living with paralysis to enter, re-enter, remain, and advance in the workplace;
- Create career pathways to meaningful, living wage jobs; and
- Provide job development services to people living with paralysis, including career education, adaptive technology, and career training with the goal of finding gainful employment. Grants funds may not provide stipends, and funds may not be given directly to workers or program participants as salaries or other incentives

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 a nursing home back into their homes or a community-based setting of their choice. Funds also support projects focused on diversion (keeping people living with paralysis at risk from entering a nursing home.)

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 <u>existing</u> 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 <u>existing</u> 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 the allotted project timeline 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.

Please note that for Nursing Home Transition applications ONLY:
Award funds can be used to address barriers to facilitating successful nursing home transitions for individuals with paralysis. This may include Start-Up Costs (*e.g., housing deposits)*, Equipment (*e.g., medical devices, AT, Hoyer lifts, adaptive equipment)*, Supplies (*e.g., start-up supplies, general home furnishings, **including stoves, washers/dryers, etc.**),* Transportation/Travel, and Other Costs not outlined in the application *(e.g., Indirect costs, fees for filing legal documents, independent living skills training, and other line items that address barriers which have not been noted in the application materials).* Funds can also be allocated to expand personnel capacity so that staff time could be used to transition individuals *(e.g., a part-time role can be converted into a full-time position to complete more assessments, in-person visits, etc.).*

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. 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 "Forgot Your Password," and you will receive an email with the information.

Returning Applicants

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

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 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 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. <u>Priority Impact Tier 2</u>
   a. 12-month grants – Grantee Reporting
      i. Interim at 6 months
      ii. Final at 13 months

2. <u>Priority Impact Tier 3</u>
   a. 18-month grants – Grantee Reporting
      i. Interim at 9 months
      ii. Final at 19 months

3. <u>Priority Impact Tier 4</u>
   a. 24-month grants – Grantee Reporting
      i. Update/Check-in at 6 months
      ii. Interim at 12 months
      iii. Update/Check-in at 18 months
      iv. Final at 25 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)
- 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

Priority Impact Application Questions (Appendix A)

Priority Impact Application Questions (Appendix B)

Proposed Project Budget Template (Appendix C)

Budget Narrative Requirements (Appendix D)

Procurement Policy (Appendix E)

Priority Impact Scoring Rubric and Application Review Form (Appendix F)

Sample Interim Report (Appendix G)

Sample Final Report (Appendix H)

2023 Priority Impact

Christopher & Dana Reeve Foundation

Application Deadline

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 Priority Impact Application and Program Guidelines as there have been changes to our grants program.

Please email QOL@ChristopherReeve.org with any questions.

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

Yes
No

UNIQUE ENTITY ID

Organizations requesting $25,000 or more 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 <u>organization</u> to provide respite or transition <u>services</u> 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).

  o This also includes any expense that would be seen as a **"<u>gift to an individual</u>"** 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
  o This also includes Nonprofit organizations acting as a Fiscal Sponsor for a for-profit company
  o Organizations that do not have its own 501(c)(3) tax determination status.
  o 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
- <u>Research</u>
- <u>Rehabilitative Therapy</u>
  o 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.

- <u>Equipment</u>
  - o 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.)
  - o Equipment can be funded if it *Provides Access* and/or *Promotes Independence*. Examples include:

  - ♣ <u>Providing Access</u>: 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.
  - ♣ <u>Promoting Independence</u>: 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.

- <u>Construction of Buildings/Major Construction</u>
  - o 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 <u>existing</u> 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 <u>existing</u> playground.
    - ♣ Minor relocations of playgrounds are allowable.

- 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 allotted time allowable for each tier from 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

The Priority Impact Tiers are as follows:

Tier 2 – Grants of up to $30,000. (Grants must be completed within **12 months.)**

- Assistive Technology
- Disaster Preparedness
- Respite/Caregiving

Tier 3 – Grants of up to $40,000. (Grants must be completed within **18 months**)

- Racial Equity
- Rural Unserved and Underserved Populations

Tier 4 – Grants of up to $50,000. (Grants must be completed within **24 months**)

- Employment
- Nursing Home Transition

Project Name*
Character Limit: 100

Priority Impact project type*
Please choose the Priority Impact project type that fits your proposed project from the list below.

Choices
Tier 2 - Assistive Technology
Tier 2 - Disaster Preparedness

Tier 2 - Respite / Caregiving
Tier 3 - Racial Equity
Tier 3 - Rural Unserved and Underserved
Tier 4 - Employment
Tier 4 - Nursing Home Transition

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

Priority Impact project timeline*

Based on your selected Priority Impact project type, how long will your project take to complete?

Choices

Tier 2 - No longer than 12 months
Tier 3 - No longer than 18 months
Tier 4 - No longer than 24 months

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

Experience with work in Priority Impact 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.

Character Limit: 6000

Key staff responsible for proposed project*

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

Character Limit: 6000

Collaborations and networks*

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

Character Limit: 6000

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

Rural Area/Population Served Branch Question

Rural Area/Population Served*

Instructions:

You have chosen the Rural Unserved & Underserved Populations project focus. It is recommended that you review the **program details and rationale**.
Provide details on the rural community/population that your project or program will serve.

For example:

- Why is this project/program target area considered rural?
- What is the demographic makeup of the target population in this rural area?
- Is your organization located or based in this rural area or are you outside of this rural area and running the program there?

- If your organization is not a part of this rural area/community – what is your planned outreach or how will you advertise to secure rural participation?

Character Limit: 5000

Budget Information

Amount Requested*

*Use whole numbers only. Do not include cents, round up to the nearest dollar if appropriate (e.g., $24,958 **not** $24,957.75).*

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

Proposed Project Budget*

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 <u>strongly recommended</u> (especially for all equipment purchases and consultants/contractors) and <u>can strengthen your request</u>.

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

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 REQUIREMENT*

For organizations requesting $25,000 or above, 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 prime contractors or seek federal assistance as the 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 $25,000 and above, type in "N/A."
Character Limit: 250

Zip+4 Code*
If you are requesting $25,000 and above, 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

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

2023 Priority Impact, Review and Notification Timeline

- 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
- Grant period begins January 1, 2024

Applicants are urged to view the Technical Assistance Webinar on 09/06/2023. 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 before the Technical Assistance Webinar, as well as during and after the webinar. All questions will be collected, aggregated, answered, and posted on the website in a Questions and Answers document. The deadline for emailed questions is Tuesday, 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 no longer 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.

Christopher & Dana Reeve Foundation - Proposed Project Budget Template

Name of Organization:

Name of Project:

Amount Requested from the Reeve Foundation:

Total Project Budget:

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

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

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

Funding Gap: Difference between Total Cost & Requested Funds from Reeve *(These fields will formulate automatically)*	#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	$ -	
TOTAL	**$ -**	

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.

Priority Impact 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
	10	Experience with Work in Priority Impact Focus Area	1-5	5
Budget Information	11	Proposed Project Budget	1-5	5
	12	Budget Narrative	1-5	5
				60

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

Priority Impact

Christopher & Dana Reeve Foundation

External Review Form

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

Experience with Work in Priority Area*
Does the organization have experience working in this priority focus area? How well will their past experience contribute to the success of the proposed project? Is the organization qualified to work in this priority focus area or does it have qualified staff with related experience to carry out the project?

Scoring Options: 1 - 5

Experience with Work in Priority Area 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

Christopher & Dana Reeve Foundation

Interim Report - Direct Effect Quality of Life Grants

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**

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

Christopher & Dana Reeve Foundation

Final Report

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

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

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.