

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

### Direct Effect QOL Grants

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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 \$10,000,000 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@Reeve.org](mailto:QOL@Reeve.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@Reeve.org](mailto:QOL@Reeve.org) with the Subject Line “Eligibility Question.”

### **Minimum Service Requirement for Grant-Funded Projects**

QoL requires that all grant-funded projects provide a minimum of 60 days of service to ensure sustained impact and meaningful engagement. This policy ensures that the funds are used effectively to deliver long-term benefits to the communities served. Grantees must demonstrate how their projects will meet this requirement within the proposed timeline and maintain continuous service throughout the period. Camps may be granted a special exception at the discretion of the Quality of Life grants department.

### **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 over **\$46 million to more than 3,900 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 application process for the 2025 1<sup>st</sup> Cycle **Direct Effect** grants **will start on January 21, 2025**. The grant period, if awarded, **will begin June 1, 2025, ending May 31, 2026**.

All Direct Effect grants must be completed **within 12 months**. QoL requires that all grant-funded projects provide **a minimum of 90 days of service** to ensure sustained impact and meaningful engagement. This policy ensures that the funds are used effectively to deliver long-term benefits to the communities served. Grantees must demonstrate how their projects will meet this requirement within the proposed timeline and maintain continuous service throughout the period. Camps may be granted a special exception at the discretion of the Quality of Life grants department.

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 thirty-five (35) grants **from \$5,000 to \$24,999** (*based on funding available*) 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**
  - Funding for repairs to pre-existing equipment or technology is NOT allowable. This also includes all costs related to insurance and inspections of pre-existing equipment. However, maintenance costs that are included for newly purchased equipment or modifications may be eligible. Our grant funds support new purchases and significant upgrades to ensure long-

term impact and sustainability through loan closets. 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.
- **Capital Improvements for Leased/Rented Properties**
  - QoL will not fund capital improvements, or long-term equipment purchases for leased or rented properties. This restriction helps ensure that funds are used to benefit the grantee organization and its clients directly. Additionally, maintaining this guideline uniformly promotes objectivity and equity in our funding practices.
- **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 .70 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 \$24,999 budget line with no detail. Vendor quotes must be current at the time of application submission. Vendor quotes are **REQUIRED** 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](https://www.grantinterface.com/Home/Logon?urlkey=christopherreeve). 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@Reeve.org](mailto:QOL@Reeve.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@Reeve.org](mailto:QOL@Reeve.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 12 months

### **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.**

For additional guidance, please see the Statement of Objectivity by clicking [HERE](#) or Appendix G.

## **1<sup>st</sup> Grant Period opens January 2025**

### **1<sup>st</sup> Grant Cycle opens January 21, 2025**

- Deadline for emailed questions: Ongoing (Email to [QOL@Reeve.org](mailto:QOL@Reeve.org))
- Technical Assistance Webinar: February 6, 2025 ([Click here to register](#))
- Proposals Due: February 28, 2025
- External Review: March 10 – March 28, 2025
- Internal Review: April 1 – April 28, 2025
- Grants awarded by May 30, 2025

### **Grant period:**

- Direct Effect: June 1, 2025 – May 31, 2026

## Appendix

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

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

**Budget Narrative Requirements (Appendix C)**

**Procurement Policy (Appendix D)**

**Sample Interim Report (Appendix E)**

**Sample Final Report (Appendix F)**

**Statement of Objectivity (Appendix G)**

## APPENDIX A

# 2025 Direct Effect 1<sup>st</sup> Cycle

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*Christopher & Dana Reeve Foundation*

## *Application Deadline*

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**FRIDAY, FEBRUARY 28TH 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@Reeve.org](mailto:QOL@Reeve.org) before proceeding.*

## Review Language Guide\*

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

## 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 (90PRRC0006-03-01).

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**
  - Funding for repairs to pre-existing equipment or technology is NOT allowable. This also includes all costs related to insurance and inspections of pre-existing equipment. However, maintenance costs that are included for newly purchased equipment or modifications may be eligible. Our grant funds support new purchases and significant upgrades to ensure long-term impact and sustainability through loan closets. 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.
- **Capital Improvements for Leased/Rented Properties**
  - QoL will not fund capital improvements, or long-term equipment purchases for leased or rented properties. This restriction helps ensure that funds are used to benefit the grantee organization and its clients directly. Additionally, maintaining this guideline uniformly promotes objectivity and equity in our funding practices.
- **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.?<sup>\*</sup>**

Choices

Yes

No

**Does your project utilize contractors or vendors outside of the U.S.?<sup>\*</sup>**

Choices

Yes

No

**Will grant funds support Research?<sup>\*</sup>**

Choices

Yes

No

**Will grant funds support Rehabilitative Therapy?<sup>\*</sup>**

Choices

Yes

No

**Will grant funds provide equipment or supplies to individuals permanently or as a gift?<sup>\*</sup>**

Choices

Yes

No

**Does the equipment NOT adhere to the functions of providing access and promoting independence?<sup>\*</sup>**

Choices

Yes

No

**Will grant funds support the development of prototypes involving intellectual property rights?<sup>\*</sup>**

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 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 \$24,999 to purchase one WheelChair Fitness Solution Exercise System and two Spirit CR900 Recumbent Bikes (vendor quotes attached).***

*Character Limit: 5000*

### 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

### **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

**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

---

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@Reeve.org](mailto:QOL@Reeve.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

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### 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 this budget video tutorial.

*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 Upload

You must provide a vendor quote for all equipment purchase requests. Upload copies of vendor quotes 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*

**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*

## Reeve Staff Use Only

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Internal Risk Assessment (IRA) is conducted immediately after Internal Review meetings for the organizations identified to be awarded grants and **must be completed prior to** issuing a grant award letter. This process ensures that any risks discovered are resolved prior to officially approving the grant. The application will be declined if the issues are not resolved.

Has the organization been reviewed:

### On Guidestar.org for 501(c)(3) public charity status?

#### Choices

Yes

N/A - Municipality/University

### On SAM.gov for debarment/suspension and previously terminated federal awards?

#### Choices

Yes

### On the Federal Audit Clearinghouse for previous A133 audit findings?

Website: <https://harvester.census.gov/facweb/>

#### Choices

Yes

### Through a Google search?

Through a **Google search** for public reviews, perspective of the community, “bad” news/publicity, court filings, or other findings that would raise a warning about the ability of the organization to carry out the grant?

#### Choices

Yes

### Were any issues identified while conducting the Internal Risk Assessment?

#### Choices

Yes

No

**Explain the issue(s)/risks identified:**

Character Limit: 10000

**Were the issues resolved?****Choices**

Yes

No

N/A

**Explain the resolution/outcome:**

Character Limit: 10000

## *Cycle Application, Review and Notification Timeline*

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- Cycle Opens: January 21, 2025
- Technical Assistance Webinar: February 6, 2023 at 3 pm EST ([register here](#))
- Deadline for emailed questions: ONGOING (email to [QOL@Reeve.org](mailto:QOL@Reeve.org))
- Proposals Due: February 28, 2025
- External Review: March 10 - March 28, 2025
- Internal Review: April 1 – April 28, 2025
- Grants awarded by the end of May 30, 2025
- Grant period:
  - Direct Effect: June 1, 2025 – May 31, 2026

Applicants are encouraged to view the Technical Assistance Webinar on Thursday, February 6<sup>th</sup>. The Technical Assistance Webinar will be recorded and available on the website.

All questions, concerns, or technical difficulties must be directed to the Quality of Life Grants department via email at [QOL@Reeve.org](mailto:QOL@Reeve.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 in a *Questions and Answers* document on the website

**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.**

For additional guidance, please see the Statement of Objectivity by clicking [HERE](#).

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.

# APPENDIX B

**You must use this budget template. Do not alter formulas in cells.  
Applications not using this budget template will not be reviewed.**

Christopher & Dana Reeve Foundation - Proposed Project Budget Template				
Name of Organization:	Must match application & Budget Narrative (Word Document)			
Name of Project:	Must match application & Budget Narrative (Word Document)			
Amount Requested (from Reeve Foundation):	Must match application & Budget Narrative (Word Document)			
Total Project Cost (Cost of the overall project):	Must match application & Budget Narrative (Word Document)			
<b>Itemized Budget</b>				
All budget lines must have a description in the budget narrative (Word Document).			<b>Total Cost</b> (Overall Project Cost)	<b>Requested Amount</b> (from Reeve Foundation)
<b>Personnel Costs</b>				
List all positions by title - <b>Employees only</b> , all others are consultants/contractors.		% FTE		
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
	<b>Personnel Subtotal</b>		\$ -	\$ -
<b>Consultants/Contractors</b>				
Name of Consultant/Contractor (person or company) and a one-sentence description of services.				
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
	<b>Consultants/Contractors Subtotal</b>		\$ -	\$ -
<b>Equipment Costs</b>				
Vendor quotes are required and must match itemized cost. Itemize equipment with description, unit cost, quantity as well as discounts, shipping, freight if applicable. <b>Do not include tax.</b>		Cost per Unit	QTY	
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
	<b>Equipment Subtotal</b>		\$ -	\$ -
<b>Supplies (Misc. items other than equipment)</b>				
Itemize and provide description of supplies (indicate below if vendor quote is attached to support request) - food, water, t-shirts, gift bags or gift cards are NOT allowed.		Cost per Unit	QTY	
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
	<b>Supplies Subtotal</b>		\$ -	\$ -
<b>Travel</b>				
Type of travel and one-sentence description of purpose. Direct reimbursement to participants is NOT allowed.		# of trips	# of traveler	
	Airfare (max \$500 per person per round trip)			\$ - \$ -
	Train (max \$275 per person per round trip)			\$ - \$ -
	Hotel (max \$250 per night):			\$ - \$ -
	Mileage (.70 cents per mile)			\$ - \$ -
	<b>Travel Subtotal</b>			\$ - \$ -
<b>Other Costs</b>				
Item (goods or services) and a one-sentence description of purpose. Maximum allowable indirect cost without NICRA ( Negotiated Indirect Cost Rate Agreement) is 15% of direct expense requested.				
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
	<b>Other Costs Subtotal</b>		\$ -	\$ -
	<b>TOTAL COSTS</b>		\$ -	\$ -
% of amount requested based on total project cost				#DIV/0!
Funding gap amount (difference between total project cost and amount)			\$ -	
Funding gap %			#DIV/0!	
<b>Explain the funding gap amount:</b>			<b>Amount Committed</b>	<b>Amount Pending</b>
Itemize amount based on funding source and status (committed vs pending)		\$ -		
	Internal Funds		\$ -	\$ -
	Individuals		\$ -	\$ -
	Foundations		\$ -	\$ -
	Corporations		\$ -	\$ -
	Government - Federal		\$ -	\$ -
	Government - State		\$ -	\$ -
	Other (specify)		\$ -	\$ -
	<b>TOTAL (Funding gap - explained)</b>	\$ -	\$ -	\$ -
	<b>TOTAL (Funding gap - unexplained)</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.

# 2025 Direct Effect 1<sup>st</sup> Cycle

## APPENDIX E

*Christopher & Dana Reeve Foundation*

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

#### **Project Name**

*Character Limit: 100*

#### **Amount Awarded**

*Character Limit: 20*

#### **Schedule / Timeline\***

Is the project on schedule as proposed?

##### **Choices**

Yes

No

#### **Project Not on Schedule - Explanation\***

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

If it is not, explain why. Will this impact the overall success of the project? What are your plans to ensure timely completion?

*Character Limit: 3000*

#### **Project Accomplishments\***

What are the project accomplishments to date? **(Max. 3 paragraphs)**

*Character Limit: 10000*

#### **Project Changes\***

**Note: All project changes must be pre-approved by the Foundation - contact [PPatel@Reeve.org](mailto:PPatel@Reeve.org).**

If there were no changes to the project, enter N/A.

If there were changes to the project, provide a narrative for all approved changes like budget revision, no-cost extension, # of people to be served, program offerings or delivery, goals, etc.

*Character Limit: 3000*

## Financial Reporting\*

Use the expense file (Excel format) which we have shared with you on your dashboard in Foundant. Contact [QOL@Reeve.org](mailto:QOL@Reeve.org) if you cannot locate the shared file.

*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*

# 2025 Direct Effect 1<sup>st</sup> Cycle

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*Christopher & Dana Reeve Foundation*

## Final Report - Direct Effect Quality of Life Grants

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### **Project Name**

*Character Limit: 100*

### **Amount Awarded**

*Character Limit: 20*

### **Project Completion\***

Do not complete this report if awarded funds have not been fully expensed and/or project changes have not been approved by the Foundation - Contact [PPatel@Reeve.org](mailto:PPatel@Reeve.org)

### **Is the project completed?**

Select (yes) if funding is fully expensed and all project activities have been completed otherwise select (no).

### **Choices**

Yes

No

### **Project Not Complete - Explanation\***

If the project is completed, enter N/A. If it is not, identify which proposed project activities have not been completed and include anticipated date of completion.

*Character Limit: 10000*

### **Project Changes\***

If there were no changes to the project, enter N/A.

If there were changes to the project, provide a narrative for all approved changes like budget revision, no-cost extension, # of people to be served, program offerings or delivery, goals, etc.

*Character Limit: 3000*

### **Project Goals - Proposed**

The following goals were included in the application.

*Character Limit: 10000*

### **Project Goals - Actual\***

What was the final result of each proposed/revised goal? If applicable, describe challenges encountered.

*Character Limit: 10000*

### **Evaluation and Project Measures - Proposed**

The following evaluation and project measures were included in the application.

*Character Limit: 10000*

### **Evaluation and Project Measures – Actual\***

What was the final result of the proposed/revised evaluation & project measures? Provide final quantitative outputs and qualitative outcomes. If applicable, describe challenges encountered.

*Character Limit: 10000*

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

The following number was included in the application.

*Character Limit: 250*

### **Impact - # of Individuals with Paralysis – Actual\***

How many individuals living with paralysis were served?

*Character Limit: 250*

### **Impact - # Individuals with Paralysis - Actual vs Proposed\***

For negative variance (actual # is less than proposed), describe challenges or contributing factors encountered. For positive or no variance, share relevant information or enter N/A.

*Character Limit: 6000*

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

The following number was included in the application.

*Character Limit: 250*

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

How many caregivers/family members of those living with paralysis were served?

*Character Limit: 250*

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

For negative variance (actual # is less than proposed), describe challenges or contributing factors encountered. For positive or no variance, share relevant information or enter N/A.

*Character Limit: 6000*

## Challenges & Lessons Learned\*

Identify challenges or difficulties encountered (not mentioned above) during the grant period, how you addressed them, and lessons learned as a result or enter N/A.

*Character Limit: 3000*

## Financial Reporting\*

Use the expense file (Excel format) which we have shared with you on your dashboard in Foundant. Contact [QOL@Reeve.org](mailto:QOL@Reeve.org) if you cannot locate the shared file.

*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.*

## Military / Veteran programs\*

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

**Choices**

1-10%  
11-20%  
21-30%  
31-40%  
41-50%  
51-60%  
61-70%  
71-80%  
81-90%  
91-100%  
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*



### STATEMENT OF OBJECTIVITY (GRANT DECISIONS)

The Quality of Life (QOL) Grants Program is a cornerstone initiative of the Christopher & Dana Reeve Foundation's National Paralysis Resource Center (NPRC), originating from the vision of the late Dana Reeve. These grants empower and impact the lives of those with paralysis, their families, and caregivers. Our goal is to fund innovative projects that increase independence, offer social and educational opportunities and improve access to essential services for individuals with paralysis, their families, and support networks.

With a focus on priority areas like outreach to underserved communities, improving accessibility, providing assistive technology, creative transportation options, and integrated or specialized recreation, the QOL Grants program addresses the unique needs of individuals with paralysis nationwide. Fostering inclusion, community engagement, and promoting health and wellness, the QOL Grants Program is a vital force in all fifty (50) states and U.S. territories.

Funded through our Foundation's Cooperative Agreement with the Administration for Community Living (ACL), United States Department of Health and Human Services (HHS), QOL employs a two-tiered grant application and decision process that includes a rigorous external and internal review. QOL and its reviewers follow the Uniform Guidance principles which guarantee a fair and objective evaluation process and provide equal opportunities to all applicants.

To further ensure fairness, 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.

Lastly, we receive **a high volume of applications during each competitive QOL grant cycle.** While each grant application is thoroughly considered for potential funding support, **many may not be selected for final approval.** However, we encourage all grant seekers to apply to ensure a robust, diverse, and innovative pool of programs, projects, and assistive technology opportunities.