



## Quality of Life (QOL) Grant Application and Program Guidelines – Fall 2025

### Priority Impact 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 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@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. **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@Reeve.org](mailto:QOL@Reeve.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): homeless; indigenous or tribal communities; rural residents; 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 **48 million to more than 4,000 projects**

across the United States of America. Grants have funded nonprofits, tribal entities, and municipalities for a wide array of projects, programs, and services.

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

In 2018, a tiered funding strategy was piloted, with Direct Effect grants (Tier 1) supporting the same wide range of programs and activities as those traditionally funded through Quality of Life grants and 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 2025 Priority Impact grants will start on January 1, 2026**

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. **Minimum amount to be requested is \$25,000.**

**Tier 2** – Grants from \$25,000 - \$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**)

- 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
- Respitiarity Model
- Hospital-Based
- Hospice
- Camps

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

#### **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
  - Providing access to safe and affordable transportation options
  - Providing accessible driver's education/training programs
- Assistive Technology and Durable Medical Equipment
  - Short-term AT Equipment Loan Programs
    - Ramps
    - Broadband internet
  - AT Demonstration Centers
- Employment and education
- Peer and Family Support Groups
- Health
  - Rural Community Health Centers or Veterans Hospitals
  - Care Coordination
  - Telehealth
- Agriculture and access to healthy foods

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

### **Tier 4 – Grants must be completed within 24 months**

#### **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.
- **Interest-bearing accounts** All awarded funds must remain in a non-interest-bearing account and be used solely for the approved project purposes. **Unused funds cannot be placed into:**
  - Savings Accounts
  - High-yield Savings Accounts
  - Money Market Accounts
  - Certificates of Deposit
  - Any additional interest-yielding accounts not listed
- 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.
  
- **Equipment**
  - 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. However, it is allowable to fund ***Loan Closets***. Otherwise, equipment provided to individuals to keep is considered a gift. Requests for loan closets must include a specified period of time. A device loan is typically 4 to 6 weeks (and sometimes up to 9 weeks/3 months) and enables individuals to try out and familiarize themselves with Assistive Technology or Durable Medical Equipment before acquiring it on their own. Open-ended and long-term loan closets will not be considered. (This also applies to ramps.)
    - Equipment can be funded if it ***Provides Access*** and/or ***Promotes Independence***.  
Examples include:
      - **Providing Access**: Adaptive strollers that are used as part of a program, are not given out to individuals and remain onsite; a transfer chair at a community pool; a stair lift, an examination table, or gynecological examination table in a rural area where no such equipment is available in that region, etc.
      - **Promoting Independence**: A scale (Knowing your weight promotes independence. It allows people to remain healthy, as being overweight can lead to a myriad of chronic health conditions.); Beach wheelchairs and adaptive bikes at a community park or sports wheelchairs for a community sports team (these examples could also fit under the area of providing access).
    - Equipment may be purchased under the Nursing Home Transition grant program. See allowable expenses pertaining to that program.



- The development of prototypes for the invention of equipment or other research and developmental activities involving intellectual property rights.
- **Construction of Buildings/Major Construction**
  - However, funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.
    - Requested funds for simple accessible bathroom modifications, for example, are allowable if they are for an already existing bathroom. Allowable expenses would include grab bars, accessible toilets, sinks, etc. We cannot fund the building of a new bathroom or a major renovation of the existing bathroom.
    - If, for example, you are requesting funds for an accessible lift or elevator, this would be allowable under equipment that provides access and promotes independence. We cannot fund the excavation or construction of the elevator or shaft, as that would be considered major construction.
- **New Playground Construction**
  - The construction of new playgrounds is not eligible for funding. **We cannot fund the installation of a new playground on land where a playground did not already exist.**
  - However, funds may support the modification of older, non-accessible playgrounds or parks.
    - Requesting funds for the replacement of older, non-accessible playground equipment or ground covering is eligible for an existing playground.
    - Minor relocations of playgrounds are allowable.
- Projects that serve less than five (5) 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.

### **Feedback on Grant Decisions**

According to the Administration for Community Living’s regulations and guidelines (ACL), the Christopher & Dana Reeve Foundation is not permitted to provide feedback on applications.

### **Termination of Grant**

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 award stipulated. 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.

## **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.**

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@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 “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 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. **Priority Impact Tier 2**
  - a. 12-month grants – Grantee Reporting
    - i. Interim at 6 months
    - ii. Final at 13 months
2. **Priority Impact Tier 3**
  - a. 18-month grants – Grantee Reporting
    - i. Interim at 9 months
    - ii. Final at 19 months
3. **Priority Impact Tier 4**
  - 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.**

### **2nd Grant Cycle re-opens: August 27th, 2025**

- Deadline for emailed questions: Ongoing (Email to QOL@Reeve.org)
- Technical Assistance Webinar: September 9th, 2025;
- Proposals Due: October 7th, 2025

- External Review: October 20th – November 6th, 2025
- Internal Review: November 10th – December 5th, 2025
- Grants awarded by December 31st, 2025

**Grant Periods**

- Priority Impact: January 1, 2026 – December 31, 2028 (varies, based on tier)

## **Appendix**

**Priority Impact Application Questions (Appendix A)**

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

**Budget Narrative Requirements (Appendix C)**

**Procurement Policy (Appendix D)**

**Sample 6-Month Check-in (Appendix E)**

**Sample Interim Report (Appendix F)**

**Sample 18-Month Check-In Report (Appendix G)**

**Sample Final report (Appendix H)**

**Statement of Objectivity (Appendix I)**

# 2025 Priority Impact

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*Christopher & Dana Reeve Foundation*

## *Application Deadline*

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**WEDNESDAY, OCTOBER 7th, 2025 AT 11:59 pm EASTERN TIME**

### **READ THIS FIRST** Before You Begin Your Application

All applicants for the Christopher & Dana Reeve Foundation's *Quality of Life* Grants must carefully review the **full Program Guidelines** before starting the application.

The Program Guidelines outline:

- **Eligibility requirements** for organizations and projects
- **Funding priorities** and restrictions
- **Application process and deadlines**
- **Reporting requirements** for awarded grants

By reviewing these guidelines in advance, you will ensure that your project aligns with our mission and that your application meets all requirements. If you have any questions, **please contact** [QOL@reeve.org](mailto:QOL@reeve.org).

### **Action Required:**

1. Download or access the current **Quality of Life Grant Program Guidelines**.
2. Read the document in full, taking note of eligibility, allowable expenses, and key dates.
3. Read and Review the Language Guide for Discussing People with Disabilities.
4. Only begin your application once you have confirmed that your organization and project meet all stated criteria. (see below)

Incomplete or non-compliant applications will not be considered for funding.

### **Eligibility Confirmation**

- ♣ Organization has 501(c)(3) or eligible nonprofit status.
- ♣ The project is U.S.-based, vendors are U.S. only, and it benefits individuals living with paralysis.
- ♣ No disallowed costs (e.g., food, gifts, individual stipends).
- ♣ Projects serve a minimum of 5 people living with paralysis
- ♣ Applicant is not a current grantee (or has submitted a final report if applicable), and the waiting period is completed.

### **Project Overview**



- ♣ Clear and concise project description provided.
- ♣ The number of individuals with paralysis to be served is stated and justified.
- ♣ Project goals and activities are well-defined.
- ♣ The timeline includes major milestones and the responsible staff.

### Evaluation and Sustainability

- ♣ Evaluation methods and outcome measures are explained.
- ♣ Anticipated barriers and mitigation strategies are described.
- ♣ Sustainability plan outlined for post-grant continuation.

### Budget

- ♣ The budget form was uploaded with all line items filled for the project timeline for the grant (i.e., 12 months, 18 months, etc.)
- ♣ Vendor quotes included
- ♣ The budget narrative explains costs clearly.
- ♣ Indirect cost rate justified if above 15% (if used).

### Final Review

- ♣ All questions completed in full.
- ♣ Character limits observed (where applicable).
- ♣ The application has been reviewed by a second reader (optional but recommended).

### UNIQUE ENTITY ID

#### **Organizations 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.***

#### **Please enter your SAM.gov Unique Entity ID here\***

If you don't have a number at this time enter 0.

*Character Limit: 25*

### **Important Notice for Applicants**

If awarded, your organization will be required to submit a copy of its most recent IRS Form 990 before the release of award funds.

## *Proposal Description*

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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**)

- 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 - Rural Unserved and Underserved

Tier 4 - Employment

Tier 4 - Nursing Home Transition

### **Rural Unserved and Underserved**

If Rural Unserved and Underserved is selected, please include project type, i.e. facility modifications, accessible playground

*Character Limit: 25*

### **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 that houses an adaptive fitness center that is frequented by 72 people living with paralysis every week. 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: 3000*

### **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: 3000*

### **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: 3000*

### **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: 3000*

### **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: 3000*

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

How many people living with paralysis will be served by this project/program **during the project period?**

*Character Limit: 250*

### **Is this project geared towards Veterans?**

#### **Choices**

Yes

No

## If Yes, How many of the participants are veterans living with paralysis?

*Character Limit: 250*

## Impact - individuals living with paralysis\*

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

*Character Limit: 3000*

## 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 during **the project period**?

*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: 3000*

## 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: 3000*

## 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: 3000*

### 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: 3000*

### 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: 3000*

### Collaborations and networks\*

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

*Character Limit: 3000*

## Rural Area/Population Served Branch Question

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### 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: 3000*

## Budget Information

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### Amount Requested\*

*Use whole numbers only. Do not include cents, round up to the nearest dollar if appropriate (e.g., \$25,958 not \$25,957.75). Minimum of \$25,000 to be requested.*

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

*Character Limit: 20*

### Total Proposed Project Budget Amount\*

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

*Character Limit: 20*

### 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. The budget needs to match the timeline of your project. (i.e., 12, 18, or 24 months)

[Download Budget Template Here](#)

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 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

*Vendor quotes are required.*

*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 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: 3000*

### 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*

### Zip+4 Code\*

Since 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 represent 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.

*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: 3000*

### 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*

## 2025 Priority Impact, Review and Notification Timeline

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- Grant Cycle Opens – Wednesday, August 27th, 2025
- Technical Assistance Webinar – September 9th (register here)
- Proposals due: Tuesday, October 7th, 2025 11:59 p.m. Eastern Time
- External Review: October 20th – November 6th
- Internal Review: November 10th – December 5th
- Grants Awarded – December 31st
- Grant period
  - Priority Impact: Varied based on tiers

Applicants are urged to view the Technical Assistance Webinar on 09/09/2025. 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@reeve.org](mailto:QoL@reeve.org)

In order to be fair to all applicants, individual technical assistance can no longer be offered.

Questions may be submitted by email before the Technical Assistance Webinar, as well as during and after the webinar.

**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.

### *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?**

Choices

Yes

**On FAPIIS.gov for a previously terminated Federal award?****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: 3000***Were the issues resolved?****Choices**

Yes

No

N/A

**Explain the resolution/outcome:***Character Limit: 3000*

## APPENDIX B

Only applications submitted with this budget template will be considered.

| 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><br>All budget lines must have a description in the budget narrative (Word Document).   |   |               | <b>Total Cost</b><br>(Overall Project Cost) | <b>Requested Amount</b><br>(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.<br>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.<br>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.<br>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><br>Itemize amount based on funding source and status (committed vs pending)  | \$ -  |               | <b>Amount Committed</b>                     | <b>Amount Pending</b>                              |
| Internal Funds  |   |               | \$ -  | \$ -   |
| Individuals   |   |               | \$ -  | \$ -   |
| Foundations   |   |               | \$ -  | \$ -   |
| Corporations  |   |               | \$ -  | \$ -   |
| Government - Federal  |   |               | \$ -  | \$ -   |
| Government - State  |   |               | \$ -  | \$ -   |
| Other (specify)   |   |               | \$ -  | \$ -   |
| <b>TOTAL (Funding gap - explained)</b>  | \$ -  |               | \$ -  | \$ -   |
| <b>TOTAL (Funding gap - unexplained)</b>  | \$ -  |               |   |  |

# Christopher & Dana Reeve Foundation

## Quality of Life Grants Program

### Budget Narrative Requirements

## APPENDIX C

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 Priority Impact

## APPENDIX E

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*Christopher & Dana Reeve Foundation*

### 6 - Month Check-In

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#### **Project Name**

*Character Limit: 100*

#### **Amount Awarded**

*Character Limit: 20*

#### **Project Reporting - Timeline\***

Please tell us about the first 6 months of your project. Are there any significant accomplishments or setbacks to date? Are project deliverables and goals on-track for timely completion? If not, how are you adjusting to try to reach them? **(Max. 3 paragraphs)**

*Character Limit: 2000*

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

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

Are there any anticipated changes to the project or budget? Please provide a brief summary of the proposed changes. QOL staff will work with you to address these changes over the next few weeks.

**Do not include budget revision or no-cost extension requests under project changes. Submit these requests separately via email.**

*Character Limit: 3000*



# 2025 Priority Impact

## APPENDIX F

*Christopher & Dana Reeve Foundation*

### *Interim Report - Priority Impact 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?

*Character Limit: 5000*

#### **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 are changes to the project, provide a narrative for all approved changes, such as budget revisions, no-cost extensions, the number of people to be served, program offerings or delivery, goals, etc.

**Do not include budget revision or no-cost extension requests under project changes. Submit these requests separately via email.**

*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 if you are unable to 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*

## Expenditure Report Template Download

### If a budget revision is needed:

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

# 2025 Priority Impact

## APPENDIX G

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*Christopher & Dana Reeve Foundation*

### 18 - Month Check-In

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#### **Project Name**

*Character Limit: 100*

#### **Amount Awarded**

*Character Limit: 20*

#### **Project Reporting - Timeline\***

Please tell us how your project has progressed since the 1-year interim report submission including any significant accomplishments or setbacks. Are project deliverables and goals on track for timely completion? If not, how are you adjusting to try to reach them? **(Max. 3 paragraphs)**

*Character Limit: 2000*

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

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

Are there any anticipated changes to the project or budget? Please provide a brief summary of the proposed changes. QOL staff will work with you to address these changes over the next few weeks.

**Do not include budget revision or no-cost extension requests under project changes. Submit these requests separately via email.**

*Character Limit: 2000*

# 2025 Priority Impact

## APPENDIX H

*Christopher & Dana Reeve Foundation*

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

#### **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

#### **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: 3000*

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

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

If there are changes to the project, provide a narrative for all approved changes, such as budget revisions, no-cost extensions, the number of people to be served, program offerings or delivery, goals, etc.

**Do not include budget revision or no-cost extension requests under project changes. Submit these requests separately via email.**

*Character Limit: 3000*

**Project Goals - Proposed**

The following goals were included in the application.

*Character Limit: 3000*

**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: 3000*

**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: 3000*

**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 if you are unable to 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.