



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

### 1<sup>st</sup> Cycle Expanded 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 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 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.

## **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 five ( 5 ) individuals with paralysis** (as defined above) and 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 \$51 million to more than 4,100 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 [3]

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 projects have achieved demonstrable, successful impact.

The 2026 1<sup>st</sup> Cycle **Expanded Impact** grants ***will start on June 1, 2026.***

All **Expanded Impact** grants ***must be completed within 24 months.***

All grants are non-renewable.

## **Expanded Impact Grants**

The **Expanded Impact** Quality of Life grants program is a program **for previously awarded Quality of Life grantees whose programs and projects have achieved demonstrable, successful impact.**

The Foundation will award approximately four (4) grants of up to \$100,000 each. It will support significant expansion of evidence-based strategies and programs that show innovative and promising practices and are best practices in the field they serve to improve the quality of life for people with paralysis, their families, and caregivers. All grants **must be completed within 24 months after receipt of the award funds and are non-renewable.**

### **Who Can Apply?**

- Previous grantee organizations that are:
  - In good standing with the Reeve Foundation, defined as having successfully closed out their past grant award, including:
    - Timely submission of a final report indicating program success.
    - Fully expended all grant funds as related to the awarded grant budget.
  - Nonprofit organizations, municipal and state governments, school districts, recognized tribal entities, and other institutions such as community or veterans' hospitals.
  - Based in the United States, and the previously funded project was based in the U.S.
- Previous grantee organizations whose projects:
  - Have been implemented successfully.
  - Have achieved demonstrable, successful impact.
  - It can be expanded, replicated on a larger scale, and taken to full scale.

### **What are Expanded Impact Grants?**

- Expanded Impact grants are previously awarded Quality of Life programs and/or projects supported by evidence that demonstrates a statistically, measurable, significant effect or impact on improving the quality of life outcomes for people living with paralysis, their families, and caretakers.
- Expanded Impact grants are expected to scale programs and/or projects with prior evidence of effectiveness and positive results to improve outcomes for people living with paralysis, their families, and caregivers.
- Expanded Impact grants extend services and access and expand effective solutions to serve substantially larger numbers of people with paralysis, their families, and caregivers.
- Expanded Impact grants will have a sizeable and significant impact.

Prior grantees are encouraged to replicate and implement their programs and projects in new and additional settings, including at a more significant local or national level.

You are encouraged to learn more about previously funded programs by visiting our [Expanded Impact grantee page](#) on our website.

Prior grantees applying for an Expanded Impact grant will be asked to provide (through the online application) information and content such as:

- The name of the previously funded project, as well as the year awarded, the amount awarded, the type of grant received (e.g., Direct Effect, High Impact Priority, etc.), and the project type (e.g., adaptive sports, respite/caregiving, nursing home transition, etc.).
- Previously funded project achievements documenting demonstrable, the successful impact achieved.
- A detailed description of the proposed expansion project and how it will expand upon, replicate on a larger scale, or take the previously awarded project to full scale.
- Project goals that have a sizable and significant impact.

Prior grantees are also encouraged to request funding for programs and projects that would require the full \$100,000 to expand their previously funded grant award.

Please note that in accordance with our current federal cooperative agreement, the Foundation can no longer fund various areas such as Research, Rehabilitative Therapy, and Equipment (please refer to funding restrictions and exemptions). It is imperative that you review our current funding restrictions below.

## **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, jersey 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.

- 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 a 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 organizations and their clients directly. Additionally, maintaining the guidelines 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 fewer 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 24 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.

#### **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 conditions of the 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 significant 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 request 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 details. 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\*\*](#). 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.

### **Returning Applicants**

**Enter an email address and password that are already connected with the organization's account.**  
If you do not remember the password, click “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 their 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. Change checks to payments

### **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 grants projects, 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. Expanded Impact**

- 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 24 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 their 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 to 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 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 with a complete and detailed report 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 to 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 made, and voicemails will not be answered.**

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

## 2026 Expanded Impact Quality of Life Grants Program Calendar

- 1st Grant Cycle opens January 29, 2026
- Deadline for emailed questions: **ONGOING** (email to [QOL@Reeve.org](mailto:QOL@Reeve.org))
- Technical Assistance Webinar:
  - Expanded Impact - February 10, 2026 (register here)
  - Direct Effect - February 11, 2026 (register here)
- Proposals Due: March 12, 2026
- External Review: March 24 - April 14, 2026
- Internal Review: April 16 - May 20, 2026
- Grants awarded by May 30, 2026
- Grant period June 1, 2026, through May 31, 2028

## Appendix

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

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

**Budget Narrative Requirements (Appendix C)**

**Procurement Policy (Appendix D)**

**Sample Reports (Appendix E)**

❖ **6 Month Report**

❖ **Interim Report**

❖ **18 Month Report**

❖ **Final Report**

**Statement of Objectivity (Appendix F)**

# 2026 Expanded Impact

## APPENDIX A

*Christopher & Dana Reeve Foundation*

### *Application Deadline*

**THURSDAY, March 12th, 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**.

#### **Action Required:**

1. Download or access the current **Quality of Life Grant Program Guidelines Expanded Impact**.
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 - 24 months
- ♣ 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).

### Review Language Guide\*

We confirm that we have read and understand the Reeve

Foundation's <https://www.christopherreeve.org/get-support/grants-for-non-profits/guidelines-for-discussing-people-with-disabilities>Guidelines for Discussing People with Disabilities.

### Choices

Yes

No

### UEI Number

#### UNIQUE ENTITY ID

Requests over \$25,000 MUST include 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.*

Character Limit: 100

## Eligibility

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In addition, please be sure to review the [Application and Program Guidelines](#) as there have been changes to our grants program.

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 (90PRRC00062-05-01).

### Confirmation\*

We confirm that we have read and understand the listed eligibility requirements. If you do have questions please contact [QOL@reeve.org](mailto:QOL@reeve.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

## *Previously Funded Project Information*

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### **Previously Funded Project - Project Name\***

*Character Limit: 250*

### **Previously Funded Project - Year Awarded\***

*Character Limit: 250*

### **Previously Funded Project - Amount Awarded\***

*Character Limit: 20*

### **Previously Funded Project - Grant Type\***

#### **Choices**

COVID 19  
Direct Effect  
High Impact Innovative Assistive Technology (HIIAT) (Now available under Priority Impact - Tier 2)  
Priority Impact (Formerly High Impact Priority)

### **Previously Funded Project - Project Type\***

#### **Choices**

Accessible Ballfield  
Accessible Beach/Dock/Pier  
Accessible Playground  
Accessible Trail  
Adaptive Sports  
Advocacy  
Arts  
Assistive Technology  
Camp  
Caregiving  
Consumer Education  
Disaster Preparedness  
Durable Medical Equipment  
Education  
Employment  
Facility Accessibility Modifications  
Fitness and Wellness  
Healthcare  
Media Development  
Nursing Home Transition  
Peer Mentoring and Support

Respite/Caregiving  
Rural Unserved & Underserved Populations  
Service Animal Program  
Therapeutic Horseback Riding  
Transitioning Home  
Transportation

### Previously Funded Project - Achievements\*

Describe the demonstrable, successful impact achieved through your previously awarded project.

Provide evidence that demonstrates a statistically, measurable, significant effect or impact on improving the quality of life outcomes for people with paralysis, their families, and caregivers.

*Character Limit: 5000*

### Previously Funded Project - Final Report Form Upload\*

You must upload a copy of the final report that was submitted to the Reeve Foundation to successfully close out your past grant.

*File Size Limit: 10 MB*

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## Proposal Description

### Paralysis-Focus\*

The Christopher & Dana Reeve Foundation is paralysis-focused. As such, Quality of Life grant funding must be targeted to initiatives that will serve individuals living with paralysis, their families, and caregivers.

Paralysis is defined functionally, as: "difficulty and/or inability to use arms and/or legs due to neurological conditions including but not limited to spinal cord injury, traumatic brain injury, stroke, cerebral palsy, multiple sclerosis, ALS, etc."

*Answer "yes" or "no" to confirm the statement below:*

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

### Choices

Yes

No

### Project Name\*

*Character Limit: 100*

## Project Type\*

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

### Choices

- Accessible Beach/Dock/Pier
- Accessible Community Spaces
- Accessible Playground/Ball Field
- Accessible Trail
- Adaptive Sports
- Advocacy
- Arts
- Assistive Technology
- Camp
- Caregiving
- Consumer Education
- COVID-19: Addressing Social Isolation
- Disaster Preparedness
- Durable Medical Equipment
- Education
- Employment
- Facility Accessibility Modifications
- Fitness and Wellness
- Healthcare
- Media Development
- Nursing Home Transition
- Peer Mentoring and Support
- Respite/Caregiving
- Rural Unserved and Underserved Populations
- Service Animal Program
- Therapeutic Horseback Riding
- Transitioning Home
- Transportation

## Project description\*

Provide a description of the proposed expansion project. How will it expand upon, replicate on a larger scale, or take to full scale the previously awarded project?

How will the proposed expansion project extend services, access, and the expansion of effective solutions to serve substantially larger numbers of people?

Detail the need for the project; who will benefit; what your organization wants to do and why; where and when it will take place, and how it will be done. List what the funds requested in this application will support.

*Character Limit: 10000*

## Independent living and community integration\*

Describe how this project will increase independent living for people living with paralysis or support integration into the physical, cultural, and spiritual communities in which they live.

*Character Limit: 5000*

## Project Goals - Proposed\*

Provide the major goals of the expansion project as well as a description of what you plan to accomplish, and how the proposed project will have sizable and significant impact.

*Character Limit: 5000*

## Project timeline will be 24-months\*

Please note that for your Expanded Impact application to be eligible, project timeline and expenditures must be able to be completed within the 24-month grant period.

### Choices

Yes

No

## Timeline, activities and benchmarks\*

Project activities and benchmarks must incorporate the entire project timeline; there should be no long-term gaps in activities. Provide a project timeline to include major project activities with proposed start dates, benchmarks, and end dates for 24 months.

*Reminder: the Expanded Impact grant cycle is now 24 months.*

*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*

## 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: 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 **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: 5000*

**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\***

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

*Character Limit: 10000*

**Experience with work in grant focus area\***

Please describe how long your organization has worked to address the grant focus area, and how this experience will contribute to the success of the proposed project.

*Character Limit: 6000*

### **Key staff responsible for proposed project\***

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

*Character Limit: 6000*

### **Collaborations and networks\***

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

*Character Limit: 6000*

### ***Medically Underserved Areas and Populations (MUA/Ps)***

*The Health Resources & Services Administration (HRSA) defines Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) as geographic areas and populations with a lack of access to primary care services.*

*MUAs have a shortage of primary care health services for residents within a geographic area such as: a whole county; a group of neighboring counties; a group of urban census tracts; or a group of county or civil divisions.*

*Capturing data on requests from MUAs and MUPs helps to track outreach efforts as well as to identify new areas for potential efforts.*

### **MUA/MUP status\***

Check one appropriate answer below:

#### **Choices**

Applicant Organization is serving a MUA or MUP

Applicant Organization is not serving a MUA or MUP

Not known if Applicant Organization is serving a MUA or MUP

### **Geographic service area\***

Tell us about your project / program's geographic service area. What states, counties or areas will your project serve? Please indicate if services are provided nationally.

**Please note: Providing counties served help us to better capture MUA/MUP data.**

*Character Limit: 7000*

## 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\*

*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 for the 24 months (2 year expenses)*

[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.*

*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 (if applicable) to support your request using the button below. *All vendor quotes must be valid within 3 months of submitting this application.*

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

*File Size Limit: 6 MB*

### **Vendor Quote Confirmation\***

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

#### **Choices**

Yes

No

N/A

### **Vendor Quotes - Sales Tax\***

**Please note that the amount requested from the Reeve Foundation and any associated vendor quotes should not include tax.** If sales tax is listed on your vendor quote but is NOT being requested from the Reeve Foundation, please confirm below.

If your vendor quote does not include sales tax or no vendor quote has been submitted, please write "N/A"

*Character Limit: 250*

### **PROCUREMENT POLICY**

As a requirement of the Reeve Foundation's cooperative agreement with the Administration for Community Living, the Foundation and our grantees must adhere to the Procurement Policy below:

- Purchases of supplies or services less than or equal to \$10,000 may be procured using the "micro purchase" method which does not need formal procurement solicitations. All receipts are to be retained for accounting purposes.
- Purchases of \$10,001 to \$250,000 may be procured using the "small purchase" procurement standards. A minimum of three price quotes is required for any small purchase of services or products for your records. Please provide one vendor quote with your application.
- Please note that it is **not required** that you provide the Reeve Foundation with three price quotes for approval of purchases over \$10,000. Those should be kept for your internal records and would need to be provided upon request if needed. If you provide a price or vendor quote to the Reeve Foundation, it is understood that you have followed the policy as described above.

### **Project Contingency Funding\***

Explain how funding requested from this Reeve Foundation grant fits with your overall project budget strategy. If other project funding is pending and subsequently denied, how will the

project be funded? What happens if the Reeve Foundation is not able to support the proposed project?

*Character Limit: 3000*

## ***Organizational Information***

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### **Mission Statement\***

Provide your organization's mission statement. *(Three paragraphs or less.)*

*Character Limit: 1000*

### **Description of Organization's History and Capacity\***

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

*Character Limit: 5000*

### **Center for Independent Living Status\***

Choose **one** of the answers below:

#### **Choices**

Applicant Organization is a Center for Independent Living (CIL)

Applicant Organization is an association of CILs

Applicant Organization is neither a CIL or an association of CILs

### **Total Annual Operating Budget of the Organization\***

Provide your organization's total operating budget amount for the current year (*\$US*).

*Character Limit: 20*

### **Unique Entity ID\***

**For organizations requesting \$25,000 and above, you MUST provide us with an active and valid SAM.gov issued Unique Entity ID.**

If you already have a SAM.gov issued Unique Entity ID, enter it below. If you do not have one, ***we urge you to do this immediately, as there may be a backlog***, there are two ways to receive your Unique Entity ID:

#### **Register Entity**

An entity registration allows your organization to bid on government contracts and apply for federal assistance as a prime awardee. The process for entity registrations includes getting the Unique Entity ID and requires assertions, representations and certifications, and other information about your business.

### **Getting a Unique Entity ID ONLY (Recommended if you are NOT interested in bidding on government contracts)**

Some entities that do business with the government may choose not to register on SAM.gov (for example, many sub-awardees of the Reeve Foundation QOL grants program). In this case, those entities cannot bid directly on federal contracts as a prime contractor or seek federal assistance as a prime awardee. If this is the goal of the entity, they can go to SAM.gov and get a Unique Entity ID only (no entity registration required). **The information required for getting a Unique Entity ID without registration is minimal. It only validates your organization's legal business name and address.**

Visit <https://sam.gov/content/entity-registration> to either register your organization or to only receive an ID.

*Character Limit: 250*

### **Zip+4 Code\***

For all requests \$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

**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*

***Cycle Application, Review and Notification Timeline***

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- Cycle Opens: January 29th, 2026
- Technical Assistance Webinar: Expanded Impact February 9, 2026, at 3 pm register [here](#)
- Proposals Due: March 12, 2026, 11:59 p.m. EST
- External Review: March 24 - April 14, 2026
- Internal Review: April 16 - May 20, 2026
- Grants awarded by May 30, 2026
- Grant period for Expanded Impact: June 1, 2026 through May 31, 2028

Applicants are advised to view the Technical Assistance Webinar on February 20th, 2025, at 3 pm Eastern Time. 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 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.**

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.

## *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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### **Reeve Staff Member Reviewer\***

#### **Choices**

CB

DM

PP

MF

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*

## APPENDIX B

Name of Organization:

Name of Project:

Amount Requested from the Reeve Foundation:

Total Project Budget:

*You must use this budget template. Applications submitted without this template will NOT be reviewed.**Subtotal and Total costs will formulate automatically. DO NOT alter any formulas on this template.*

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

Funding Gap: Difference between Total Cost & Requested Funds from Reeve <i>(These fields will formulate automatically)</i>	#DIV/0!	\$ -
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Other Sources of Funding (to offset funding gap)	Amount	Is this funding Committed or Pending?
Internal Funds	\$ -	
Individuals	\$ -	
Foundations	\$ -	
Corporations	\$ -	
Government - Federal	\$ -	
Government - State	\$ -	
Other	\$ -	
<b>TOTAL</b>	<b>\$ -</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** - Describe 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, meetings, 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 15% 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.

**Underserved Targeted Population to be Served\***

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

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

**Scoring Options:** 1 - 5

**Underserved Targeted Population Comments\***

*Character Limit: 1000*

**Outreach\***

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

**Scoring Options:** 1 - 5

**Outreach Comments\***

*Character Limit: 1000*

**Evaluation\***

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

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

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

**Scoring Options:** 1 - 5

**Evaluation Comments\***

*Character Limit: 1000*

**Experience with Work in Priority Area\***

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

**Scoring Options:** 1 - 5

**Experience with Work in Priority Area Comments\***

*Character Limit: 1000*

**APPENDIX E**

# 2026 Expanded Impact

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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@christopherreeve.org](mailto:PP@christopherreeve.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.

*Character Limit: 2000*

# 2026 Expanded Impact

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*Christopher & Dana Reeve Foundation*

## *Interim Report - Expanded Impact Quality of Life Grants*

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### **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: 10000*

### **Project Changes\***

**Note: All project changes must be pre-approved by the Foundation - contact**

**[PPatel@christopherreeve.org](mailto:PPatel@christopherreeve.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@christopherreeve.org](mailto:QOL@christopherreeve.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*

# 2026 Expanded Impact

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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 [PP@christopherreeve.org](mailto:PP@christopherreeve.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.

*Character Limit: 2000*

# 2026 Expanded Impact

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*Christopher & Dana Reeve Foundation*

## *Final Report - Expanded Impact 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@christopherreeve.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*

## **Sustainability\***

Please describe how your organization intends to ensure that key project activities will be sustained beyond the end of this one-year grant period.

*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*

## **Collaborations\***

Identify other organizations/networks you have worked with to initiate and implement this project and provide a brief explanation of the collaborative efforts.

*Character Limit: 3000*

## **Financial Reporting\***

Use the expense file (Excel format) which we have shared with you on your dashboard in **Foundant**. Contact [QOL@christopherreeve.org](mailto:QOL@christopherreeve.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*

## APPENDIX F



### **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.