

# Applying for a Reeve Foundation Quality of Life Grant:

**Direct Effect & Priority Impact  
Technical Assistant Webinar  
September 12, 2024**



CHRISTOPHER & DANA  
REEVE FOUNDATION

TODAY'S CARE. TOMORROW'S CURE.®

# Webinar Overview

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- Introduction to the Reeve Foundation National Paralysis Resource Center and Quality of Life Grants Program (QOL)
- Application Process
- Direct Effect Grants Application
- Priority Impact Grants Application
- Review Process/Grant Selection
- Award Notification

# Introduction to the Reeve Foundation

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The Christopher & Dana Reeve Foundation is **paralysis-focused**, and as such, our **grant funding must be targeted to projects that will serve individuals living with paralysis, their families, and caregivers.**

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.

# National Paralysis Resource Center

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In 2002, the National Paralysis Resource Center opened its doors to promote the health, independence, and well-being of individuals living with paralysis by providing comprehensive resources, education, and referral services.

## **Information Specialists**

Provide individualized support and guidance to people living with paralysis, as well as their families and caregivers.

## **Peer & Family Support Program**

Offers peer-to-peer support to help families impacted by paralysis navigate the short-term realities and long-term challenges.

## **Quality Of Life Grants Program**

Awards financial support to nonprofit organizations that mirror the Reeve Foundation's mission to improve quality of life.

## **Military & Veterans Program**

Supports the unique needs of service men and women regardless of when they served or how they were injured.

# Today's Care. Tomorrow's Cure.®

## Information Specialists

124,000+ families have received one-on-one assistance in 170 languages



## Quality of Life Grants

44 million awarded to over 3,880 non-profit programs in all 50 states and territories

## Reeve Summit:

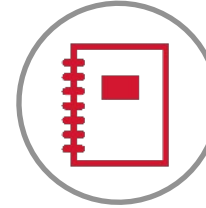
### Where Care, Cure, and Community Connect

Annual summit with a spectrum of care and cure topics designed for the community and professionals



## Paralysis Resource Guide

225,000+ copies distributed to the Reeve Foundation's community



1st call made when loved one is diagnosed with paralysis

## Virtual Community

3M+ users visit ChristopherReeve.org and social media channels annually



## Global Leader in Spinal Cord Research

\$140 million has been awarded to researchers around the globe to speed the development of treatments and therapies for spinal cord injury



## Team Reeve®

\$7 million has been raised from running marathons to hosting local events



## Peer & Family Support Program

20,000+ people have received support from 500+ certified peer mentors who are also living with paralysis

# Connect with an Information Specialist



## Give Us a Call

Our Information Specialists are available Mon-Fri, 9am-8pm ET. You can also leave a message, if you are calling after hours.

**Call 1-800-539-7309 >**



## Schedule a Call

Schedule a call with an Information Specialist at a convenient time.

**Arrange a Call >**




## Send us a Question

An Information Specialist will respond as soon as possible.

**Submit a Question >**

# Free Materials & Resources

**PARALYSIS RESOURCE GUIDE**



**CHRISTOPHER & DANA REEVE FOUNDATION  
PARALYSIS RESOURCE CENTER**

**AUTONOMIC DYSREFLEXIA (AD)**

**SEPSIS**

**DEEP VEIN THROMBOSIS (DVT)**

**WHAT IT IS:** Autonomic Dysreflexia (AD) is a condition in which blood pressure increases higher than normal, usually higher than 180/120 mmHg. It is caused by a spinal cord injury at the T6 level or below. It is a medical emergency and can be life-threatening if not treated immediately.

**WHAT IT IS:** Sepsis is a life-threatening condition that arises when an infection injures any part of the body, causing the body to respond with an abnormal reaction, such as a fever, low blood pressure, and organ failure. Sepsis is a medical emergency and can be life-threatening if not treated immediately.

**WHAT IT IS:** Deep Vein Thrombosis (DVT) is a blood clot that forms in a deep vein, usually in the leg or arm. It is a medical emergency and can be life-threatening if not treated immediately.

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**Deep Vein Thrombosis is a medical emergency. See your healthcare provider immediately.**

**It is imperative to follow orders for DVT treatment. Do not stop or change the medication of your blood.**

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PARALYSIS RESOURCE CENTER**

**Native American Disability and Health Resources**

<http://www.nadhr.org/>

Research and Training Center on Disability in Rural Communities: American Indians with Disabilities

This site has some

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**REVEE FOUNDATION "BIG IDEA"**

**What is the Big Idea?**

The "Big Idea" is a clinical research project that tests the hypothesis that optimal stimulation can be used to promote significant improvement of cardiovascular, respiratory, bladder and sexual function in spinal cord injury (SCI) patients who have been diagnosed as completely paralyzed. We have the opportunity to change the lives of patients who were told nothing could be done for them. The research team believes the Big Idea study can foster a series of "eureka" moments that will improve the autonomic functions that are lost with spinal cord injury including bladder and sexual function, improve respiratory and cardiovascular function. These "eureka" moments are what we call "paralysis" for the first time. There will

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PARALYSIS RESOURCE CENTER**

**Spinal Cord Tutorial 101**

Source: Christopher and Dana Reeve Foundation

<http://www.christopheranddana.org/spinal-cord-tutorial-101/>

**What is the Central Nervous System?**

The central nervous system (CNS) controls most functions of the body and mind. It consists of the brain and the spinal cord. The brain is the center of our thoughts, the repository of our central information, and the origin of control over body movement. Like a computer, it receives information from our eyes, ears, nose, mouth, neck, chest, tongue, touch, and skin (touch), as well as from internal organs such as the stomach.

The spinal cord is the highway for communication between the body and the brain. When the spinal cord is injured, the exchange of information between the brain and other parts of the body is disrupted.

**How is the Central Nervous System Different from Other Systems of the Body?**

Most systems and organs of the body control just one function, but the central nervous system does many jobs at the same time. It controls all voluntary movement, such as speech and walking, and involuntary movements like thinking and breathing. It also takes care of our thoughts, perceptions, and emotions.

**How Does the Central Nervous System Protect Itself from Injury?**

The central nervous system is better protected than any other system or organ in the body. It is covered by a thick layer of bone in the brain and spinal cord, which makes it hard to injure. A hard shell called the meninges covers the brain and spinal cord. The meninges are made of three layers: the outermost layer is the dura mater, the middle layer is the arachnoid mater, and the innermost layer is the pia mater. The meninges are made of three layers: the outermost layer is the dura mater, the middle layer is the arachnoid mater, and the innermost layer is the pia mater. The meninges are made of three layers: the outermost layer is the dura mater, the middle layer is the arachnoid mater, and the innermost layer is the pia mater.

**LIVING WITH PARALYSIS**

**Bladder Management**

**PRESSURE INJURIES & SKIN MANAGEMENT**

**PARENTING WITH A DISABILITY**

**Know Your Rights Toolkit**

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# The Quality of Life Grants Program at the Reeve Foundation

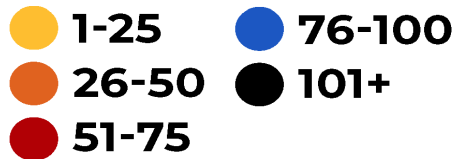
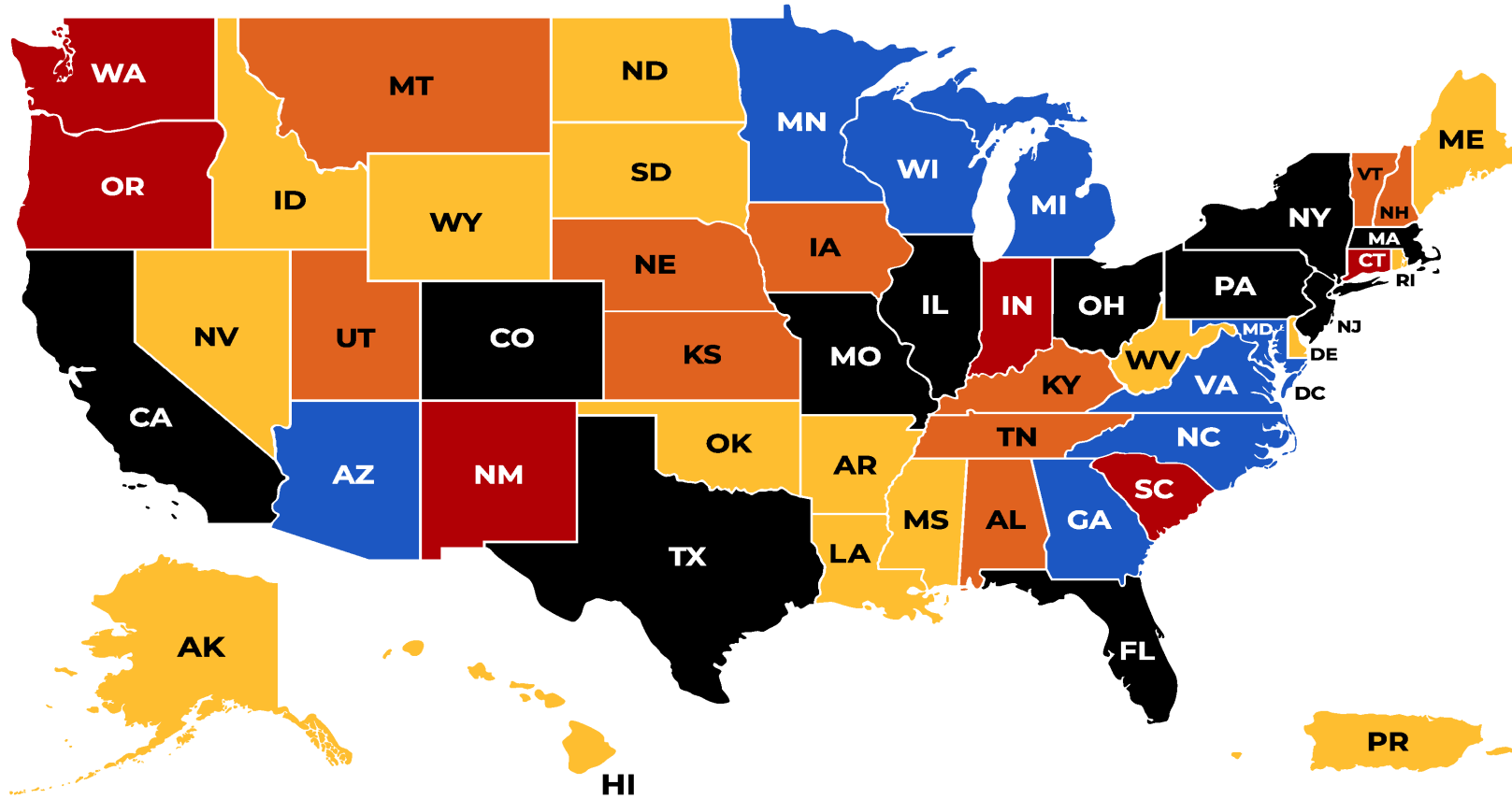
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Created by the late Dana Reeve, strives to empower individuals with disabilities and their families by providing grants to nonprofit organizations that improve quality of life through inclusion, access, independence, opportunities for community engagement, and other life-enhancing endeavors.

Since its inception in 1999 a total of over \$44 million to more than 3,800 projects across the United States of America. Grants have funded nonprofits, tribal entities, and municipalities for a wide array of projects, programs, and services.



# GRANTS BY STATE



**TOTAL GRANTS:**  
**3,843**

# Important Dates

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

- Cycle Opened: August 30, 2024
- Proposals Due: October 8, 2024
- External Review: October 21 – November 6
- Internal Review: December 5 – December 10
- Grants awarded by the end of December
- Grant period begins: January 1, 2025

## Quality of Life Grants: Direct Effect & Priority Impact

QOL grant applications are available and are to be completed online through the Reeve Foundation online grants portal.

The online application submission deadline is October 8th, **at 11:59 pm EASTERN TIME**

# New Eligibility Requirement

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- **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 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 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.**

# Application Tools

- Grant Application and Program Guidelines
- People First Language Guide
- Quick Guide to Establishing Evaluation Indicators
- Videos and Tutorials
- All are available on our website at: [Reeve.org/qol](https://Reeve.org/qol) or scan the QR Code.



# Tiered Grants Structure for this Cycle

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FOR THIS CYCLE - YOU CAN APPLY FOR:

- **Direct Effect**

- ❖ Project to be completed in 12 months
- ❖ Grants minimum of \$5,000 up to \$24,999
- ❖ Interim Report at 6 months
- ❖ Final Report at 12 months

# Direct Effect Project Types

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Accessible Beach/Dock/Pier

Accessible Community  
Spaces

Accessible  
Playground/Ballfield

Accessible Trail

Adaptive Sports

Advocacy

Arts

Camp

Caregiving

Consumer Education

Durable Medical Equipment

Education

Employment

Facility Accessibility Modifications

Fitness and Wellness

Healthcare

Media Development

Peer Mentoring and Support

Service Animal Program

Therapeutic Horseback Riding

Transitioning Home



# Tiered Grants Structure for this Cycle

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## FOR THIS CYCLE - YOU CAN APPLY FOR: **Priority Impact**

### **Minimum of \$25,000**

- ❖ **Tier 2** – Grants of up to \$30,000. (Grants must be completed within **12 months**.)
  - ❖ Assistive Technology
  - ❖ Disaster Preparedness
  - ❖ Respite/Caregiving
  
- ❖ **Tier 3** – Grants of up to \$40,000. (Grants must be completed within **18 months**)
  - ❖ Racial Equity
  - ❖ Rural Unserved and Underserved Populations
  
- ❖ **Tier 4** – Grants of up to \$50,000. (Grants must be completed within **24 months**)
  - ❖ Employment
  - ❖ Nursing Home Transition

# Accessing the Online Grants Portal

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## **Reeve Foundation online grants portal**

**(<https://www.grantinterface.com/Home/Logon?urlkey=christopherreeve>)**

[QOL@reeve.org](mailto:QOL@reeve.org)

[administrator@grantinterface.com](mailto:administrator@grantinterface.com)

# Logon Page

Email Address\*

Password\*

Log On

Create New Account

[Forgot your Password?](#)

## Apply for a Reeve Foundation Quality of Life Grant

### 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 will be able to access the grant application. You may return to the application at any time using this same link. If you forget your password, click on "Forgot Your Password" and you will receive an email with the information.

### Returning Applicants

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

**There must be an organization profile/account in the online system for you to access the application.** If you are not sure if your organization has already created an organization profile or previously applied for a grant, contact [QOL@ChristopherReeve.org](mailto:QOL@ChristopherReeve.org). Please do not create a duplicate organization profile, as all

∨ Application Deadline

TUESDAY, OCTOBER 8TH AT 11:59 pm EASTERN TIME

**PLEASE READ:**

The language we use to discuss people living with disabilities matters. Words have the power to not only define what is possible, but to dangerously diminish and dismiss the value of another human being.

Applications to the Reeve Foundation's *Quality of Life Grants Program* come from organizations and individuals who work hard each day to improve the lives of people living with paralysis. Part of that work must also be to understand and consistently use language in both conversation and on paper that is inclusive and respectful.

**Before submitting your grant application, please take a few moments to read these [Guidelines for Discussing People with Disabilities](#).**

Please note that these guidelines specifically refer to "person-first language" which puts a person before their diagnosis, such as being a person with a disability. The Reeve Foundation respectfully supports the fact that many disabled people proudly use "identity-first language" which leads with a person's diagnosis, such as "being a disabled person."

The intent of these guidelines is not to promote one language over the other, but to deter applicants from using potentially harmful and offensive language. The Reeve Foundation supports both person-first and identity-first language and we encourage the use of whichever language allows the user to feel empowered.

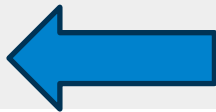
**In addition, please be sure to review the [Application and Program Guidelines](#) as there have been changes to our grants program.**

*If you do have questions please contact [QOL@reeve.org](mailto:QOL@reeve.org) before proceeding.*

**Review Language Guide\***

We confirm that we have read and understand the Reeve Foundation's [Guidelines for Discussing People with Disabilities](#).

- Yes
- No



Apply

Test

Quick Search



2024 Direct Effect 2nd Cycle Accepting Submissions from 08/30/2024 to 10/08/2024

Apply

The **Direct Effect Quality of Life Grant (Tier 1)** is **open-focused** and will award at least 25 grants from **\$5,000 up to \$24,999** to support a wide range of projects and activities. Grants will fund specific budget items that will impact individuals living with paralysis and their families, and the project must be completed within 12 months. Examples of funded projects may include (but are not limited to): sports wheelchairs for a wheelchair basketball team; adapted glider in a community playground; kayak for a rowing program; accessible gym equipment; hydraulic lift at a pool; electronic door openers at a community center; workshop education series on sex and sexuality with a spinal cord injury; wheelchair accessible picnic table at a county fairground; program for preventing abuse in adaptive sports; camp programs; subsidized lessons for therapeutic horseback riding; transportation costs for an inclusive afterschool program; and support groups. These grants will have a short- to medium-range impact. Long-range impact and sustainability are not expected for projects funded at this level.

Preview

Send to GrantHub



2024 Priority Impact Accepting Submissions from 08/30/2024 to 10/08/2024

Apply

**Priority Impact Quality of Life grants** fund projects in the following high-priority areas:

- Tier 2: Assistive Technology, Disaster Preparedness, and Respite/Caregiving
- Tier 3: Racial Equity, and Rural Unserved and Underserved Populations
- Tier 4: Employment, Nursing Home Transition

**Tier 2 projects must be completed within 12 months.**

**Tier 3 projects must be completed within 18 months.**

**Tier 4 projects must be completed within 24 months.**

**Assistive Technology** – This new tier is open to all organizations with the emphasis on increasing the independence of people living with paralysis, assisting them to participate fully in the communities of which they are a part, and enhancing 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.

**Racial Equity** – This grant program funds projects that explicitly benefit people and communities that are racially diverse and/or historically underserved living with paralysis and/or promote racial equity for people living with paralysis.

**Rural Unserved and Underserved Populations** – This grant program funds projects that explicitly benefit people living with paralysis in unserved and underserved rural communities.

**Employment** – Grant funds support programs 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.

**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 nursing homes back into their homes or a community-based setting of their choice. Funds also support projects focused on diversion.

Preview

Send to GrantHub



# Eligibility – WHO IS ELIGIBLE TO APPLY

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- Nonprofit organizations with IRS 501(c)(3) tax status, municipal and state governments, school districts, colleges & universities, recognized tribal entities, and other institutions such as community health centers or veterans hospitals.

# Eligibility – WHO IS **NOT** ELIGIBLE TO APPLY

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- **The applicant organization is INELIGIBLE if it:**
  - is a For-Profit organization
  - is a Nonprofit organization acting as a Fiscal Sponsor for a for-profit company
  - is a Fiscal Sponsor applying on behalf of non-501(c)(3) nonprofit organizations
  - does not have its own 501(c)(3) tax determination status or is not part of or chapter of a national organization that is a 501(c)(3) nonprofit organization
  - is a 501(c)(4) organization that does not have 501(c)(3) status
  - has a CURRENT or OPEN grant with the Reeve Foundation irrespective of grant program/tier that has not met the mandatory 12-month waiting requirement to re-apply. Previously awarded grantees may apply for this cycle ONLY after one year of the close of the prior grant and notification of grant closure by the Reeve Foundation
- Conducts business or uses vendors outside the United States



# Eligibility Questions

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• Please answer the following **ELIGIBILITY QUESTIONS**. A “Yes” response will indicate that your organization and/or project are not eligible for funding.

- Is your organization or project based outside of the U.S.??\*
- Does your project utilize contractors or vendors outside of the U.S.??\*
- Will grant funds support Research?\*
- Will grant funds support Rehabilitative Therapy?\*
- Will grant funds provide equipment or supplies to individuals permanently or as a gift?\*
- Does the equipment NOT adhere to the functions of providing access and promoting independence?\*
- Will grant funds support the development of prototypes involving intellectual property rights?\*
- This includes the invention of equipment or other research and development activities.
- Will grant funds support construction of buildings/major construction?\*
- Will your project serve less than three individuals with paralysis, their families, or caregivers?\*
- Will grant funds support fund raising events or paid fund raiser positions?\*
- Will grant funds support lobbying and/or efforts to influence legislation?
- Will grant funds support a project(s) that has already been completed?\*
- Will grant funds support food (meals, per diem, board, lunch, beverages, water, alcohol, etc.)?\*
- Will grant funds support medical services?\*

## **Funding Restrictions – NOT ABLE TO FUND**

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**✓ Money given to individuals, for example directly to a family to pay for respite care, travel reimbursement directly to a participant and not a company, costs of t-shirts, uniforms**

**✓ Research**

**✓ Rehabilitative Therapy**

# Eligibility

Quality of Life grant applications are accepted from **501(c)(3) nonprofit organizations**, municipal and state governments, school districts, recognized tribal entities, and other institutions such as community or veterans hospitals.

- **An organization must have its own 501(c)(3) tax status** (or be a part of or chapter of a national organization that is a 501(c)(3) nonprofit organization).
- **Fiscal Sponsors CANNOT apply** on behalf of non-501(c)(3) nonprofit organizations.
- **501(c)(4) organizations** that do not have 501(c)(3) status are ineligible.

**If you have a CURRENT or OPEN grant from the Reeve Foundation under any grant program or tier, you are INELIGIBLE to receive funding in this grant cycle.**

Previous grantees may apply for this cycle ONLY **after one year of the close of your grant and notification of grant closure by the Reeve Foundation.**

Christopher & Dana Reeve Foundation Paralysis Resource Center (PRC) Quality of Life grants are funded through a federal cooperative agreement with the Administration for Community Living (90PRRC0006-02-00).

In accordance with our Federal cooperative agreement, **the Reeve Foundation is prohibited from funding the following:**

- Grants awarded directly to individuals
  - This includes **MONEY given to an individual** participant in a grant program such as:
    - A stipend or incentive to participate in a program
    - A stipend or honorarium paid to a speaker at an event is allowable because it would be part of the program cost, but money cannot be given to an individual to attend the program.
    - Scholarships can be provided for an organization to offer free services (e.g., therapeutic horseback riding lessons) to an individual provided money never exchanges hands with the individual receiving the scholarship to pay for the services, lessons, etc.
    - Money for a family to pay for respite or transition services. (Funds may be used by an organization to provide respite or transition services to individuals, but money cannot be given to the individual/family to pay for the services).
    - Travel reimbursements for participants to take part in a program. (Funding may be used for travel reimbursement for personnel (e.g., coaches, etc.) as they are part of the program. Providing travel to individuals may be included as a part of the program (such as travel for a team to attend an adaptive sporting event), but no money must exchange hands with the individuals).
  - This also includes any expense that would be seen as a **“gift to an individual”** such as a “ready bag” for disaster preparedness, t-shirts for a camp, jerseys and uniforms, trophies, a home modification, gift cards for participants, etc.
- For-Profit Companies
  - This also includes Nonprofit organizations acting as a Fiscal Sponsor for a for-profit company
  - Organizations that do not have its own 501(c)(3) tax determination status.
  - Organizations that are a 501(c)(4) and not a 501(c)(3).
- Organizations and projects that are based outside of the United States
- Projects that utilize contractors or vendors outside of the United States

# EQUIPMENT


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- Equipment can be funded if it ***Provides Access*** and/or ***Promotes Independence***.
  - 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 of that program

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- **Equipment**

- However, it is allowable to fund **Loan Closets**. Otherwise equipment provided to individuals to keep is considered a gift. Requests for loan closets must include a specified period of time. A device loan is typically 4 to 6 weeks (and sometimes up to 9 weeks/3 months) and enables individuals to try out and familiarize themselves with Assistive Technology or Durable Medical Equipment before acquiring it on their own. Open ended and long-term loan closets will not be considered. (This also applies to ramps.)
- Equipment can be funded if it **Provides Access** and/or **Promotes Independence**. Examples include:
  - Providing Access: Adaptive strollers that are used as part of a program, are not given out to individuals and remain onsite; a transfer chair at a community pool; an examination table or gynecological examination table in a rural area where no such equipment is available in that region, etc.
  - Promoting Independence: A scale (Knowing your weight promotes independence. It allows people to remain healthy, as being overweight can lead to a myriad of chronic health conditions.); Beach wheelchairs and adaptive bikes at a community park or sports wheelchairs for a community sports team (these examples could also fit under the area of providing access).
- The development of prototypes for invention of equipment or other research and developmental activities involving intellectual property rights.

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- The development of prototypes for the invention of equipment or other research and developmental activities involving intellectual property rights.
  - **Construction of Buildings/Major Construction**
- 



- **New Playground Construction**

- The construction of new playgrounds is not eligible for funding. **We cannot fund the installation of a new playground on land where a playground did not already exist.**
  - However, funds may support the modification of older, non-accessible playgrounds or parks.
    - Requesting funds for the replacement of older, non-accessible playground equipment or ground covering are eligible for an existing playground.
    - Minor relocations of playgrounds are allowable.
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- **Construction of Buildings/Major Construction**

- However, funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.
  - Requested funds for simple accessible bathroom modifications, for example, are allowable if they are for an already existing bathroom. Allowable expenses would include grab bars, accessible toilets and sinks, etc. We cannot fund the building of a new bathroom or a major renovation of the existing bathroom.
  - If, for example, you are requesting funds for an accessible lift or elevator, this would be allowable under equipment that provides access and promotes independence. We cannot fund the excavation or construction of the elevator or shaft, as that would be considered major construction.

- **New Playground Construction**

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- However, funds may support the modification of older, non-accessible playgrounds or parks.
  - Requesting funds for the replacement of older, non-accessible playground equipment or ground covering are eligible for an existing playground.
  - Minor relocations of playgrounds are allowable.

- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers
- Fundraising events or paid fundraiser positions
- Lobbying and/or efforts to influence legislation
- Projects that cannot be completed within 12 months of receipt of the grant award
- Projects that have already been completed
- Food (meals, per diem, board, lunch, beverages, **water**, alcohol, etc.)
- Medical services

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### Confirmation\*

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

- 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.**

- For-profit organization or business
- 501(c)(3) nonprofit organization
- Municipal or state government
- Nonprofit, community of veterans hospital
- Public school district
- Recognized tribal entity
- University / college
- Other

▼ 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.

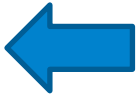
Paralysis is defined functionally, as: "difficulty and/or inability to use arms and/or legs due to neurological conditions including but not limited to spinal cord injury, traumatic brain injury, stroke, cerebral palsy, multiple sclerosis, ALS, etc."

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.**

Yes

No



**Project name\***

**Project type\***

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

- |   |  |
|---|--|
| <input type="radio"/> Accessible Beach/Dock/Pier      | <input type="radio"/> Education                            |
| <input type="radio"/> Accessible Community Spaces     | <input type="radio"/> Employment                           |
| <input type="radio"/> Accessible Playground/Ballfield | <input type="radio"/> Facility Accessibility Modifications |
| <input type="radio"/> Accessible Trail                | <input type="radio"/> Fitness and Wellness                 |
| <input type="radio"/> Adaptive Sports                 | <input type="radio"/> Healthcare                           |
| <input type="radio"/> Advocacy                        | <input type="radio"/> Media Development                    |
| <input type="radio"/> Arts                            | <input type="radio"/> Peer Mentoring and Support           |
| <input type="radio"/> Camp                            | <input type="radio"/> Service Animal Program               |
| <input type="radio"/> Caregiving                      | <input type="radio"/> Therapeutic Horseback Riding         |
| <input type="radio"/> Consumer Education              | <input type="radio"/> Transitioning Home                   |
| <input type="radio"/> Disaster Preparedness           | <input type="radio"/> Transportation                       |
| <input type="radio"/> Durable Medical Equipment       |  |

### Project description\*

Provide a description of the proposed project, including: the need for the project; who will benefit; what your organization wants to do and why; when and where it will take place; and how it will be done. List the amount requested and what the funds requested in this application will support. *(Four paragraphs maximum)*

Provide a simple and short summary of the project, which outlines the why (need), what (activities, offerings), and how (Reeve funding support) of your project. I suggest keeping it simple as other specific project components, like timeline, goals, impact, etc. are covered under different sections of the application. For example, We currently have 20 people with paralysis as registered users of our fitness equipment at no cost. One of our most popular equipment X is old and failing. We are the only organization in a 20-mile radius to offer this opportunity. The installation and use of new equipment X will allow us to safely provide services to individuals with paralysis. The fitness opportunity benefits both mentally and physically. This equipment has had a proven positive impact on the health, fitness, and QoL of our participants with paralysis. Equipment X would be installed at the X facility, located at X address. The anticipated date of installation is X. The requested Reeve funding will support the purchase of equipment X.

✔ 10,000 characters left of 10,000

### 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.

**Project goals\***

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

What is it that you want to achieve as a result of this project and what will you be doing to achieve them?  
For example: Increase access to fitness opportunities for people with paralysis by offering X # of free fitness training classes or memberships to our facilities to people with paralysis. These classes will be led by certified professionals who will assist participants in achieving their individual goals.

10,000 characters left of 10,000

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

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

- Yes
- No



**Timeline, activities and benchmarks\***

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

6,000 characters left of 6,000

**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?

What impact will the project have on the target population? Their family members/caregivers?  
For example, the free beach access program will have a long-lasting impact on people with paralysis and their caregivers. The program will provide a feeling of inclusion and connection with others in a fun and safe environment. The project would create an opportunity for all to make long-lasting memories.

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

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

#

**Impact - individuals living with paralysis\***

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

5,000 characters left of 5,000

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

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

#

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

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

5,000 characters left of 5,000

**Underserved targeted population to be served\***

Tell us if your proposed project / program specifically targets any of the following underserved population groups. *Select all that apply.*

- Current or released prisoners and / or persons at-risk of incarceration
- Ethnic minorities
- Homeless
- Indigenous or tribal communities
- LGBTQ+
- Limited English proficiency
- Low income and / or poverty populations
- Migrant workers
- Military service members and / or veterans
- Newly injured or diagnosed persons with paralysis and their caregivers
- None of these
- Older adults / elderly
- Rural residents
- Survivors of violence
- Other

**Underserved population - "other" explained\***

If you answered "other" above, describe the underserved population that will be served by the proposed project. If you did not include "other" in your answer above, please enter "N/A."

**Age group of participants\***

Check the following age group(s) or intended participants in your proposed project. *Please check all that apply.*

- 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?

## WHERE TO FIND AREA DATA

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- [Disability Counts Data Finder](#). This online tool lets you view and download disability data for every county in the United States. The data includes disability rates, types of disability, whether the county is classified as rural or urban, and population.
- [Map Series: Disability in America](#). This is a set of maps that show information about disabilities. The maps show the disability rates for every county in the United States. There are maps for many topics, including veterans, poverty, and employment. There are also maps for different disabilities including hearing, seeing, waking, cognitive, self-care, and independent living.
- [Rural Health Grants Eligibility Analyzer](#) from the Health Resources and Services Administration (HRSA).



### Evaluation\*

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.]

You will need to identify the approach to take to achieve expected goals/outcomes. Based on what you expect to achieve through this project, How will you measure the benefits of the project? For example, if your goal is to serve 20 people with paralysis and at least 90% of participants will report improved quality of life then your evaluation methods could be: We will use registration forms to track people and solicit end user/participant feedback at the end of the class. The survey will be designed to include various targeted questions regarding the benefits of the class and new equipment.

And this is what you would report on your final report:

The fitness class was offered to 20 people with paralysis. Of these 20 participants, 16 individuals completed our participant survey. 15 or 95% of surveyed individuals reported a marked improvement in their quality of life.

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### **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:

- 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.

7,000 characters left of 7,000

∨ Budget Information

**Amount Requested\***

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

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

**Total Proposed Project Budget Amount\***

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

**Proposed Project Budget\***

[Download Budget Template.](#) All applicants are required to submit a completed Proposed Project Budget with this application. Applicants must use the template provided in this application.

[Download Template](#)

Complete and upload the Proposed Project Budget template **in Excel** using the Project Budget upload button below. **Do not upload a PDF version of the Excel document.**

Detailed instructions for completing the Proposed Project Budget template are discussed in the Technical Assistance Webinar.

**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](#)


# ALLOWABLE EXPENSES

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- Wide range of programs and services
- Programmatic personnel, consultants, and contracted workers
- Entry fees
- Transportation costs
- Facility rental
- Travel reimbursement
- Travel (up to):
  - Airfare \$500
  - Train \$275
  - Hotel \$225 per night
  - Mileage 67 cents per mile
- Equipment (see funding restrictions)
- Supplies, etc.

## **ALLOWABLE EXPENSES**

**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 ( or 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.



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



# Proposed Project Budget Template

Name of Organization:

Name of Project:

Amount Requested from the Reeve Foundation:

Total Project Budget:

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

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

Itemized Budget		Total Cost	Requested Amount (Proposal)	
<b>Personnel Costs</b>				Do not include taxes
List all positions by title	% FTE			
<b>Personnel Subtotal</b>		\$ -	\$ -	
<b>Equipment Costs</b>				
Itemize and provide descriptions of equipment (indicate below if vendor quote is attached to support equipment request)				Itemize each one i.e. 5 wheelchairs at \$1,000 each
<b>Equipment Subtotal</b>		\$ -	\$ -	
<b>Consultants/Contractors</b>				
Name of Consultant/Contractor (person or company) and one-sentence description of services				
<b>Consultants/Contractors Subtotal</b>		\$ -	\$ -	
<b>Supplies</b>				
Itemize and provide description of supplies (indicate below if vendor quote is attached to support supplies request)				Provides quotes when possible
<b>Supplies Subtotal</b>		\$ -	\$ -	
<b>Travel</b>				
Type of travel and one-sentence description of purpose				See Allowable Expenses, no meals included
<b>Travel Subtotal</b>		\$ -	\$ -	
<b>Other Costs</b>				
Item (good or service) and one-sentence description of purpose				Indirect costs will go in this line
<b>Other Costs Subtotal</b>		\$ -	\$ -	
<b>TOTAL COSTS</b>		\$ -	\$ -	Formulas will calculate automatically Make sure total cost matches previous page, as well as amount requested.

i8				
	<b>Funding Gap:</b>			
	<b>Difference between Total Cost &amp; Requested Funds from Reeve</b>			
i9	<i>(These fields will formulate automatically)</i>	#DIV/0!	\$ -	
i0				
	<b>Other Sources of Funding</b>		<b>Amount</b>	<b>Is this funding</b>
	<b>(to offset funding gap)</b>			<b>Committed or Pending?</b>
i1				
i2	Internal Funds		\$ -	
i3	Individuals		\$ -	
i4	Foundations		\$ -	
i5	Corporations		\$ -	
i6	Government - Federal		\$ -	
i7	Government - State		\$	
i8	Other		\$ -	
i9		<b>TOTAL</b>	<b>\$ -</b>	
i0				
i1				





# Christopher & Dana Reeve Foundation Quality of Life Grants Program

## **Budget Narrative Requirements**


Name of Organization:

Name of Project:

Amount Requested:

Total Project Budget:

The budget narrative must include a description and justification of each budget category and line item presented in your proposed budget. All expenses listed on the budget template should clearly match the items listed in this narrative.



### Vendor Quotes

Please note: Applicants are not required to provide vendor quotes to support budget items such as equipment and consultants or contractors.

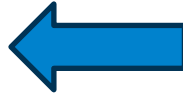
However, information that supports budget items strengthens the request, and may be included by scanning and uploading vendor quotes using the upload button in the section below.

### 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.

Upload a file [6 MiB allowed]



### Vendor Quote Confirmation\*

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

- 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"

### 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?

✔ 3,000 characters left of 3,000

#### Supporting Documentation

##### Additional Materials

You may upload other supporting documents such as photographs, newspaper clippings, and flyers. Please scan into **one** document and upload using the button below.

Upload a file [5 MiB allowed]

##### 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.

Upload a file [5 MiB allowed]

Organizational Information

**Mission Statement\***

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

This part should list who you are, what you do, and how you do it. The reason your organization is in place.

1,000 characters left of 1,000

**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.)*

5,000 characters left of 5,000

**Center for Independent Living Status\***

Choose **one** of the answers below:

- 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)*.

\$

## UNIQUE ENTITY ID

Organizations requesting \$25,000 or more **MUST** provide a valid SAM.gov-issued Unique Entity ID. If awarded you have to submit the most recent 990 for the organization.

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.***

**Federal Audit Requirements\***

Is your organization required to file an annual single audit?

- 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).

- Yes
- No

**Federal Funding Annual Total\***

\$

**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?

- 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?

- Yes
- No

**Previous Reeve Foundation requests\***

Select one from the list below.

- 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.***

5,000 characters left of 5,000

**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.

[5 MiB allowed]

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

Select one from the list below.

- 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.**

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.

Abandon Request

Save Application

Submit Application

## Confirmation Page

✔ Your Application has been submitted.

Continue





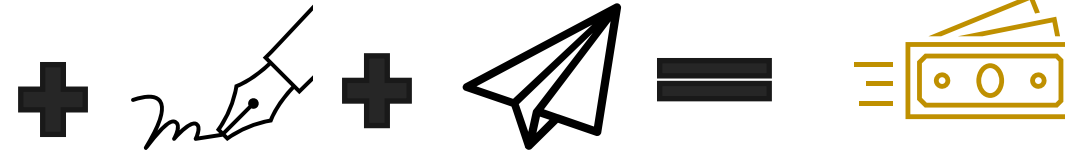
# Award Notification

## Notification and Awarding of Funds

- All applicants will be notified by email.
- Upon notice of the 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.

## Publicizing the Grant

- 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.
- We regularly feature Quality of Life grantees in social media, on the website, and in newsletters and other publications, so we can call on you to provide stories and photographs that we can share with our community!



In addition, we encourage you to utilize all the free resources provided by the Reeve Foundation National Paralysis Resource Center (NPRC), and to link the NPRC as a resource on your website.



Follow the @reevefoundation on Social Media!

# Grantee Requirements - Report Schedule

Grantees must submit progress reports to the Reeve Foundation

- An **interim** report will let us know whether the project is proceeding as planned, and if not, what we can do to help get it back on track.
- A **final** report will be due one month after the close of the grant period and will detail the project's progress, challenges, how those challenges were addressed, the project's impact, and final grant expenditures.

## Direct Effect (12-month grants)

Interim at 6 months

Final at 13 months

## Priority (depending on the Tier)

Update/Check-in at 6 months

Interim at 12 months

Update/Check-in at 18 months

Final at 25 months

# Feedback

In adherence with the requirements of the Office of Management and Budget, ***we are unable to comment on denied applications or provide programmatic direction*** to organizations applying for Quality of Life grants, as giving feedback/direction would be providing an unfair advantage over other applicants. Our statement of objectivity regarding grant decisions is available on our website.

# Thank You

Maria Fonseca

Grants Associate, Quality of Life Grants Program

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CHRISTOPHER & DANA  
REEVE FOUNDATION

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