



## **Quality of Life Grant Application and Program Guidelines – 2020 1<sup>st</sup> Cycle**

### **Direct Effect QOL Grants (Tier 1) Expanded Effect QOL Grants (Tier 5)**

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**2020 Quality of Life grants are currently funded through the Reeve Foundation's cooperative agreement with the United States Department of Health and Human Services, Administration for Community Living (ACL) (Cooperative Agreement Number 90PRRC0002-02-00).**

**Before beginning your application**, please read all of the information contained in this document to familiarize yourself with the grant programs and the application process and to better prepare the required information. Please add [QOL@ChristopherReeve.org](mailto:QOL@ChristopherReeve.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.

A successful Reeve Foundation Quality of Life grant is an award invested into a very specific project or part of a program or project that **directly impacts** the lives of people with paralysis, their families and caregivers. Impact can be demonstrated through numbers of people served and other quantitative measures along with stories and examples of quality of life improvement. **Nonprofit Organizations with programs promoting expansion, innovation, best practices, promising practices and/or evidence-based practices are encouraged to apply.**

### **Program Changes**

Organizations that have previously been awarded a Quality of Life grant in any category **may re-apply for funding one year following the close of your grant and notification of grant closure by the Reeve Foundation.**

### **Eligibility**

Quality of Life grant applications are accepted from 501(c)(3) nonprofit organizations, municipalities and tribal entities. **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 are NOT allowed to apply** on behalf of non-501(c)(3) nonprofit organizations.

You may not apply for a grant if you have a current grant that is open.

### **Prior Grantees**

Once an organization is funded with a Reeve Foundation grant, there is no guarantee that it will receive subsequent funding. ***With the exception of organizations applying for an Expanded Effect grant, prior grantees are encouraged to apply for new and innovative projects.*** However, Funding requests for continuation of projects already funded through the Direct Effect and High Impact Priority Tiers that are not Expanded Effect proposals, will be considered, based upon the merit and success of the past grant project.

### **Multiple Submissions**

Organizations may only apply for **one** grant in a grants cycle and only under one Tier. Multiple submissions from one organization will not be considered. However, more than one chapter of a national organization may apply in the same grants cycle.

### **Special Consideration – Underserved Populations**

Special consideration will be given to proposed projects that serve current military and/or veterans and their families, as well as those projects that target individuals with paralysis in underserved groups of the population, including (but not limited to): persons at risk of incarceration, current or released prisoners; ethnic minorities; homeless; indigenous or tribal communities; LGBTQ; limited English proficiency; rural residents; migrant workers; low-income and/or poverty populations; and newly injured people with paralysis and their caregivers.

## **General Information about the Quality of Life Grants Program**

### **Paralysis Defined**

The Christopher & Dana Reeve Foundation is paralysis focused, and as such, grant funding must be targeted to programs and services that impact individuals living with paralysis, their families and caregivers.

The Reeve Foundation uses a functional definition of paralysis: difficulty and/or inability to use arms and/or legs due to neurological conditions including (but not limited to) spinal cord injury, traumatic brain injury, stroke, cerebral palsy, spina bifida, ALS, post-polio syndrome, etc.

While we will consider supporting programs that include people living with other types of disabilities (cross-disability) as well as inclusive community projects, your project **must serve a majority of people with paralysis**. Reeve Foundation Quality of Life grant **projects must serve at least three individuals with paralysis** (as defined above) and/or their families and caregivers to be considered for a grant.

### **QOL History/Current Funding Cycle**

The Christopher & Dana Reeve Foundation Quality of Life Grants Program, created by the late Dana Reeve has awarded since its inception in 1999 a total of over \$28 million to more than 3,150 projects across the United States of America. Grants have funded nonprofits, tribal entities, and municipalities for a wide array of projects, programs, and services.

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

In 2018, a tiered funding strategy was piloted, with Direct Effect grants (Tier 1) supporting the same wide range of programs and activities as those traditionally funded through Quality of Life grants and High Impact Priority 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 2020 1<sup>st</sup> Cycle Quality of Life grant program will offer **Direct Effect** and **Expanded Effect** grants. All grants ***must be completed within 12 months after receipt of the award funds and are non-renewable. Grant projects awarded through the 2020 1<sup>st</sup> Cycle will start June 1, 2020 and close May 31, 2021.***

## **Direct Effect Grants**

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

### **Types of Direct Effect (Tier 1) Projects Funded**

Direct Effect Quality of Life grants fund the same wide range of projects as those funded in the prior Quality of Life grants program, including:

- Adaptive Sports
- Accessible Playground/Ball Field
- Accessible Community Spaces (Trail, Beach, etc.)
- Assistive Technology
- Advocacy
- Arts
- Camp
- Caregiving
- Consumer Education
- Durable Medical Equipment (see Funding Restrictions in a later section)
- Education
- Employment
- Facility Accessibility Modifications
- Fitness and Wellness
- Healthcare
- Media Development
- Peer Mentoring and Support
- Service Animal Program
- Therapeutic Horseback Riding
- Transportation
- Transition from Institution to Home

For full lists of previously funded projects please visit <https://www.christopherreeve.org/get-support/grants-for-non-profits/past-quality-of-life-grantees>.

## Expanded Effect Grants

The **Expanded Effect** Quality of Life grants program is a newly designed pilot program *for previously awarded Quality of Life grantees whose programs and/or projects have achieved demonstrable, successful impact*. The Foundation will award approximately six (6) grants of up to \$100,000 each and will support significant expansion of strategies and programs that are evidence-based, show innovate promising practices, and/or best practices in the field they serve to improve quality of life for people with paralysis, their families, and caregivers. All grants ***must be completed within 12 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 submitted a final report indicating program success.
    - Fully expended all grant funds as related to the awarded grant budget.
  - Nonprofit organizations, Municipalities, and Tribal Entities
  - Based in the United States and the previous funded project was based in the U.S.
- Previous grantee organizations whose projects:
  - Have been implemented successfully.
  - Have achieved demonstrable, successful impact.
  - Are in position to be expanded, replicated on a larger scale, and/or taken to full scale.

### What are Expanded Effect Grants?

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

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

Prior grantees applying for an Expanded Effect 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, successful impact achieved.
- A detailed description of the proposed expansion project and how it will expand upon, replicate on a larger scale, or take to full scale the previously awarded project.

- Project goals that have 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 is no longer able to 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 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, a home modification, etc.
- For-Profit Companies
  - This also includes Nonprofit organizations acting as a Fiscal Sponsor for a for-profit company or other organization that does not have its own 501(c)(3) tax determination status.
- 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 operational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.
    - Exercise opportunities that are facilitated by someone who, for example, has a bachelor’s degree in exercise science or is a certified fitness instructor would be an allowable expense.
- **Equipment**
  - However, it is allowable to fund ***Loan Closets***. Otherwise equipment provided to individuals to keep is considered a gift. Requests for loan closets must include a specified period of time. A device loan is typically 4 to 6 weeks (and sometimes up to 9 weeks/3 months) and enables individuals to try out and familiarize themselves with Assistive Technology or Durable Medical Equipment before acquiring it on their own. Open ended and long-term loan closets will not be considered. (This also applies to ramps.)
  - Equipment can be funded if it ***Provides Access*** and/or ***Promotes Independence***. Examples include:
    - **Providing Access**: Adaptive strollers that are used as part of a program, are not given out to individuals and remain onsite; a transfer chair at a community pool; a stair lift, an examination table or gynecological examination table in a rural area where no such equipment is available in that region, etc.
    - **Promoting Independence**: A scale (Knowing your weight promotes independence. It allows people to remain healthy, as being overweight can lead to a myriad of chronic health conditions.); Beach wheelchairs and adaptive bikes at a community park or sports wheelchairs for a community sports team (these examples could also fit under the area of providing access).



- Equipment may be purchased under the Nursing Home Transition grant program. See allowable expenses pertaining to that program.
- The development of prototypes for invention of equipment or other research and developmental activities involving intellectual property rights.
- **Construction of Buildings/Major Construction**
  - However, funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.
    - Requested funds for simple accessible bathroom modifications, for example, are allowable if they are for an already existing bathroom. Allowable expenses would include grab bars, accessible toilets and sinks, etc. We cannot fund the building of a new bathroom or a major renovation of the existing bathroom.
    - If, for example, you are requesting funds for an accessible lift or elevator, this would be allowable under equipment that provides access and promotes independence. We cannot fund the excavation or construction of the elevator or shaft, as that would be considered major construction.
- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers
- Fund raising events or paid fund raiser positions
- Lobbying and/or efforts to influence legislation
- Projects that cannot be completed within 12 months of receipt the grant award
- Projects that have already been completed
- Food (meals, per diem, board, lunch, beverages, *alcohol*, etc.)
- Medical services

**Eligibility questions based on these restrictions will be asked in the application. A “Yes” response to any of the questions will indicate that your organization and/or project are not eligible for funding.**

## **Allowable Expenses**

Expanded Effect 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.

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

Please note that for Nursing Home Transition applications ONLY:

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

## **Budget Specificity and Vendor Quotes**

**BE SPECIFIC in your funding requests.** For example, if you are requesting funds for an accessible playground, be specific in the proposed budget indicating the piece of equipment (accessible merry-go-round, swing, etc.) or part of the process (e.g., poured rubber playground surface). **Include vendor quotes for the specific budget line items.** **DO NOT** request a blanket \$25,000 budget line with no detail. Vendor quotes must be current at the time of application submission. Vendor quotes are strongly recommended for all equipment and services.

## **Accessing the Online Grants Portal**

The Quality of Life Grant Applications are completed online through this link to the [Reeve Foundation online grants portal](https://www.grantinterface.com/Home/Logon?urlkey=christopherreeve). You may also copy and paste the following url into your website browser: <https://www.grantinterface.com/Home/Logon?urlkey=christopherreeve>.

**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 organizational application history is connected to the grant profile.

### **First-Time Applicants**

Click on the link for the grants portal and **create an organization profile**, using your email address and a password that you create. Once you create an organization account you 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.

Please be sure to review your organization and contact profiles in the online system and update them with your most current information.

### **Preparing Your Application**

The list of application questions (Appendix A) includes paragraph count limits for text fields. Some applicants find it helpful to create a draft application in Word, which can then be used to cut and paste your answers into text fields in the online application.

## **Award Notification and Grantee Requirements**

### **Notification and Awarding of Funds**

All applicants will be notified by email. Upon notice of award, grantees must indicate intent to accept the grant, and sign and return a grant award agreement. Grant checks are issued upon receipt of the signed grant award agreement.

### **Acknowledgement of Grant**

Reeve Foundation Quality of Life grantees are welcomed as part of the Reeve Foundation community. We will provide tools to help you spread the word about your Reeve Foundation Quality of Life granted project, including a guide to publicizing the award and a press release template. In addition, we encourage you to utilize all of the free resources provided by the Reeve Foundation Paralysis Resource Center (PRC), and to link to the PRC as a resource on your website. We regularly feature Quality of Life grantees in social media, on the website, and in newsletters and other publications, so 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 two (2) progress reports to the Reeve Foundation.** A 6-month interim report will let us know that 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. A final report 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.

### **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 you to offer candid feedback about the overall grant experience.

All questions, concerns or technical difficulties should be directed to the Quality of Life Department via email at [QoL@ChristopherReeve.org](mailto:QoL@ChristopherReeve.org). In order to be fair to all applicants, individual technical assistance can no longer be accommodated. Questions submitted by email prior to the technical assistance webinar will be addressed during the webinar. All questions will be collected, aggregated and answered and posted in a Questions and Answer document on the website.

## **Grant Close-Out**

To successfully close out the grant award, Grantee must have timely submitted a final narrative report indicating program accomplishments and outcomes, as well as a financial report indicating fully expended grant funds as related to the awarded grant budget. After receipt and review of these reports, barring any additional information requested, the Foundation will send notification of grant closure.

## **Unused Funds and Changes in Grant Objectives or Activities**

In the event 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 original purpose, project and/or program of the grantee 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, grantee shall remit any and all grant money to the Reeve Foundation.

Grants approved for a no-cost extension may be extended a maximum of 90 days beyond the original project end date.

Grantees that are not able to complete the funded project within a 12-month grant period, and those that have been approved for a 90-day extension and are still not able to complete the funded project, may be asked to return a portion or all of the funds and will be flagged in a high-risk category that may affect future Reeve Foundation funding.

## **Grant Termination**

The Foundation reserves the right to terminate a grant if the project or program is no longer within Reeve Foundation funding parameters or for failure to comply with the terms and conditions of the award as stipulated in the grant award letter. If the grant is terminated, Grantee must provide the Reeve Foundation a complete and detailed reporting of funds that have been expended. Grantee must also return all unused funds. Failure to comply with these provisions may result in your organization being reported to the Internal Revenue Service (IRS), the Office of Inspector General, and the Administration for Community Living (ACL). Terminated organizations will also be barred from receiving future Reeve Foundation funds for seven years.

## **Providing Programmatic Direction/Feedback**

**In adherence with our federal cooperative agreement we are unable to provide programmatic direction or comment on denied applications to organizations applying for Quality of Life grants, as providing direction/giving feedback would be providing unfair advantage over other applicants. Pre-award telephone calls will no longer be accommodated and voicemails will not be answered.**

## **2020 1<sup>st</sup> Cycle Quality of Life Grants Program Calendar**

- Cycle Opens: February 3, 2020
- Technical Assistance Webinar: February 10, 2020
- Deadline for emailed questions: February 14, 2020
- Proposals Due: March 16, 2020
- External Review: March 19-April 22
- Internal Review: April 27-May 18
- Grants awarded and funded by the end of May 2020
- Grant period: June 1, 2020 - May 31, 2021

## **Appendix**

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

**Expanded Effect Application Questions (Appendix B)**

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

**Budget Narrative Requirements (Appendix D)**

**Procurement Policy (Appendix E)**

**Direct Effect Scoring Rubric and Application Review Form (Appendix F)**

**Expanded Effect Scoring Rubric and Application Review Form (Appendix G)**

# Direct Effect Quality of Life Grants - 2020 1st Cycle (Spring)

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## *Application Deadline*

**MONDAY, MARCH 16 AT 11:59 pm EASTERN**

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## *Eligibility*

**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.**

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 (Cooperative Agreement Number 90PRRC0002-02-00).

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

- Grants awarded directly to individuals
- For-Profit Companies
  - Only Nonprofit Organizations, Municipalities, and Tribal Entities may apply for funding
- 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 operational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.



- Exercise opportunities that are facilitated by someone who, for example, has a bachelor's degree in exercise science or is a certified fitness instructor would be an allowable expense.
- **Equipment**
  - However, it is allowable to fund ***Loan Closets***. Otherwise equipment provided to individuals to keep is considered a gift.
  - Equipment can be funded if it ***Provides Access*** and/or ***Promotes Independence***. Examples include:
    - **Providing Access**: Adaptive strollers that are used as part of a program, are not given out to individuals and remain onsite; a transfer chair at a community pool; an examination table or gynecological examination table in a rural area where no such equipment is available in that region, etc.
    - **Promoting Independence**: A scale (Knowing your weight promotes independence. It allows people to remain healthy, as being overweight can lead to a myriad of chronic health conditions.); Beach wheelchairs and adaptive bikes at a community park or sports wheelchairs for a community sports team (these examples could also fit under the area of providing access).
- The development of prototypes for invention of equipment or other research and developmental activities involving intellectual property rights.
- **Construction of Buildings/Major Construction**
  - Funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.
- Projects that serve less than three (3) individuals with paralysis, their families, or caregivers
- Fund raising events or paid fund raiser positions
- Lobbying and/or efforts to influence legislation
- Projects that cannot be completed within 12 months of receipt the grant award
- Projects that have already been completed

- Food (meals, per diem, board, lunch, beverages, *alcohol*, etc.)
- Medical services

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 a For-Profit Company?\***

Choices

Yes

No

**Is your organization or project based outside of the U.S.?\***

Choices

Yes

No

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

Choices

Yes

No

**Will grant funds support Research?\***

Choices

Yes

No

**Will grant funds support Rehabilitative Therapy?\***

Choices

Yes

No

**Will grant funds provide equipment to individuals and the equipment is not part of a loan closet?\***

Please note that adaptive sports equipment that is used as part of a program and not given out to individuals and remain on the program site are allowable.

Choices

Yes

No

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

Choices

Yes

No

**Will grant funds support the development of prototypes involving intellectual property rights?\***

This includes the invention of equipment or other research and development activities.

Choices

Yes

No

**Will grant funds support construction of buildings/major construction?\***

Choices

Yes

No

**Will your project serve less than three individuals with paralysis, their families, or caregivers?\***

Choices

Yes

No

**Will grant funds support fund raising events or paid fund raiser positions?\***

Choices

Yes

No

**Will grant funds support lobbying and/or efforts to influence legislation?**

Choices

Yes

No

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

Choices

Yes

No

**Will grant funds support a project(s) that has already been completed?\***

Choices

Yes

No

**Will grant funds support food (meals, per diem, board, lunch, beverages, alcohol, etc.)?\***

**Choices**

Yes

No

**Will grant funds support medical services?\***

**Choices**

Yes

No

## *Proposal Summary*

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**Direct Effect Quality of Life grants must be completed within 12 months after receipt of the award funds. Grant projects awarded through the 2020 1st Cycle will start June 1, 2020 and close May 31, 2021.**

### **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*

### **Amount Requested\***

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

*Character Limit: 20*

**Total Proposed Project Budget Amount\***

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

*Character Limit: 20*

**Project Type\***

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

**Choices**

Accessible Ballfield  
Accessible Beach/Dock/Pier  
Accessible Playground  
Accessible Trail  
Adaptive Sports  
Advocacy  
Arts  
Assistive Technology  
Camp  
Caregiving  
Consumer Education  
Durable Medical Equipment  
Education  
Employment  
Facility Accessibility Modifications  
Fitness and Wellness  
Healthcare  
Media Development  
Medical Professional Education  
Peer Mentoring and Support  
Service Animal Program  
Therapeutic Horseback Riding  
Transition from Institution to Home  
Transportation

**Previous Reeve Foundation Requests**

Check all that apply:

**Choices**

Previously requested Reeve Foundation Quality of Life grant  
Previously awarded Reeve Foundation Quality of Life grant  
Don't know  
First-time applicant

**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 (e.g., Direct Effect, High Impact Priority, etc.), and

- **An explanation of how this request differs from past QOL grant-funded projects.**

*Character Limit: 1000*

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

Select one from the list below.

#### **Choices**

FaceBook Ad  
Prior Grantee  
Received flyer  
The Foundation Center  
Word-of-mouth  
Other

### **If other, please explain.**

*Character Limit: 500*

## **Proposal Description**

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### **Project Description\***

Provide a short 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 what the funds requested in this application will support. *(Four paragraphs maximum)*

*Character Limit: 3000*

### **Independent Living, Inclusion, Community Integration\***

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

*Character Limit: 5000*

### **Project Goals\***

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

*Character Limit: 3000*

### **Timeline, Activities and Benchmarks\***

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

*Character Limit: 10000*

**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.]

*Character Limit: 5000*

**How many people living with paralysis will be served by the proposed project?\***

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

*Character Limit: 3000*

**How many care takers and family members of those living with paralysis will be served?\***

*Character Limit: 250*

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

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

**Choices**

Current or Released Prisoners and/or Persons At-Risk of Incarceration

Ethnic Minorities

Homeless

Indigenous or Tribal Communities

LGBTQ

Limited English Proficiency

Low Income and/or Poverty Populations

Migrant workers

Military Service Members and/or Veterans

Newly Injured or Diagnosed Persons with Paralysis and their Caregivers

Rural Residents

Survivors of Violence

None of These

Other

**Underserved Population - "Other" Explained\***

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

*Character Limit: 250*

***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

### **MUA / MUP Designation\***

If your organization is in a MUA or MUP, please tell us the designation.

*If your organization is not in a MUA or MUP or if you do not know, please enter "N/A."*

*Character Limit: 250*

### **Age Group of Participants\***

Check the following age group(s) of 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

## **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 expenses for the current year (\$US).

*Character Limit: 20*

### Prior Grantees - Final Report Form Upload

Prior Reeve Foundation Quality of Life grantees must upload a copy of the final report for the last grant received. ***Failure to provide a final report may result in your application not being reviewed.***

*File Size Limit: 5 MB*

### DUNS Number for Requests of \$25,000\*

**For organizations requesting the full \$25,000 please enter your organization's DUNS number. If the requested funds are less than \$25,000 enter N/A.**

Per our cooperative agreement with the federal government, organizations awarded a grant of \$25,000 and above must have a DUNS number.

The DUNS number is a nine-digit number, issued by Dun & Bradstreet (D&B), assigned to each business location in the D&B database, having a unique, separate, and distinct operation for the purpose of identifying them. The DUNS number is random, and the digits have no apparent significance.

The DUNS number is a supplement to other identifiers, such as the EIN, and is required whether the application is made electronically or on paper. Dashes are not part of D&B's official definition of the DUNS number.

There is no charge to get a DUNS number, and the time to create the number is 24 to 48 hours.

<https://www.dandb.com/product/companyupdate/companyupdateLogin?execution=e1s1>

*Character Limit: 250*

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

If you are requesting the full \$25,000, please enter your ZIP+4 Code. (The complete, nine-digit ZIP Code consists of two parts. The first five digits indicate the destination post office or delivery area. The last 4 digits represents a specific delivery route within that overall delivery area.) This is needed for Reeve reporting through the Federal Funding Accountability and Transparency Act (FFATA). You may use this link to find your ZIP+4 Code.

If you are requesting less than the full \$25,000, type in "N/A".

*Character Limit: 250*

## **Budget Information**

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### **Proposed Project Budget\***

All applicants are required to submit a completed Proposed Project Budget template (click link to download template or download directly from website) with this application.

Complete and upload the Proposed Project Budget template **in Excel** using the Project Budget upload button below.

Detailed instructions for completing the Proposed Project Budget template are included in the Application Guidelines.

*File Size Limit: 3 MB*

*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.*

### **Budget Narrative\***

Include a narrative for your budget that describes in detail and provides justification for each budget line item. Instructions for completing the Budget Narrative are included in the Application Guidelines. Upload the document using the upload button below.

*File Size Limit: 2 MB*

## Vendor Quotes

Upload copies of vendor quotes (if applicable) to support your request using the button below.

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

*File Size Limit: 5 MB*

### PROCUREMENT POLICY

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

Purchases of supplies or services less than or equal to \$10,000 may be procured using the "micro purchase" method which does not need formal procurement solicitations. All receipts are to be retained for accounting purposes.

Purchases of \$10,001 to \$250,000 may be procured using the "small purchase" procurement standards. A minimum of three price quotes is required for any small purchase of services or products.

Please note that it is **not required** that you provide the Reeve Foundation with three price quotes for approval of purchases over \$10,000. Those should be kept for your internal records and would need to be provided upon request if needed. If you provide a price or vendor quote to the Reeve Foundation, it is understood that you have followed the policy as described above.

### Project Contingency Funding\*

Explain how funding requested from this Reeve Foundation grant fits with your overall project budget strategy. If other project funding is pending and subsequently denied, how will the project be funded? What happens if the Reeve Foundation is not able to support the proposed project?

*Character Limit: 3000*

## 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*

## 1st Cycle 2020 Direct Effect Program Application, Review and Notification Timeline

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- **Cycle Opens: February 3, 2020**
- **Technical Assistance Webinar: February 10, 2020**

- **Deadline for emailed questions: February 14, 2020**
- **Proposals Due: March 16, 2020**
- **External Review: March 19-April 22**
- **Internal Review: April 27-May 18**
- **Grants awarded and funded by the end of May**
- **Grant period: June 1, 2020 - May 31, 2021**

Applicants are urged to view the Technical Assistance Webinar on 2/10/20. The Technical Assistance Webinar will be recorded and posted on the website.

All questions, concerns or technical difficulties must be directed to the Quality of Life department via email at [QoL@ChristopherReeve.org](mailto:QoL@ChristopherReeve.org).

In order to be fair to all applicants, individual technical assistance can no longer be offered. Pre-award telephone calls will no longer be accommodated and voicemails will not be answered.

Questions may be submitted by email prior to the Technical Assistance Webinar on 2/10/20, as well as during and after the webinar. All questions will be collected, aggregated, answered and posted in a *Questions and Answers* document on the website. **The deadline for emailed questions is Friday, February 14th.**

**In adherence with our federal cooperative agreement we are unable to provide programmatic direction or comment on denied applications to organizations applying for Quality of Life grants, as providing direction/giving feedback would be providing unfair advantage over other applicants. Pre-award telephone calls will no longer be accommodated and voicemails will not be answered.**

**Thank you for your time, interest and efforts in requesting support from the Christopher & Dana Reeve Foundation for initiatives to support the quality of life for people with paralysis, their families, and their caregivers. We look forward to reading your application and learning about your important work.**

# Expanded Effect Quality of Life Grants - 2020

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## *Application Deadline*

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**MONDAY, MARCH 16 at 11:59 pm EASTERN**

## *Eligibility*

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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 (Cooperative Agreement Number 90PRRC0002-02-00).

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

- Grants awarded directly to individuals
- For-Profit Companies
  - Only Nonprofit Organizations, Municipalities, and Tribal Entities may apply for funding
- 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 operational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.
    - Exercise opportunities that are facilitated by someone who, for example, has a bachelor's degree in exercise science or is a certified fitness instructor would be an allowable expense.

- **Equipment**

- However, it is allowable to fund ***Loan Closets***. Otherwise equipment provided to individuals to keep is considered a gift.
- 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).
- Equipment may be purchased under the Nursing Home Transition grant program. See allowable expenses pertaining to that program.

- The development of prototypes for invention of equipment or other research and developmental activities involving intellectual property rights.

- **Construction of Buildings/Major Construction**

- Funds may support simple accessibility modifications to existing structures, playgrounds, trails, etc.

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

- Medical services

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 a For-Profit Company?\***

Choices

Yes

No

**Is your organization or project based outside of the U.S.?\***

Choices

Yes

No

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

Choices

Yes

No

**Will grant funds support Research?\***

Choices

Yes

No

**Will grant funds support Rehabilitative Therapy?\***

Choices

Yes

No

**Will grant funds provide equipment to individuals and the equipment is not part of a loan closet?\***

Please note that adaptive sports equipment that is used as part of a program and not given out to individuals and remain on the program site are allowable.

Choices

Yes

No

**Will grant funds provide equipment to individuals that is not part of Nursing Home Transition?\***

Choices

Yes

No

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

**Choices**

Yes

No

**Will grant funds support the development of prototypes involving intellectual property rights?\***

This includes the invention of equipment or other research and development activities.

**Choices**

Yes

No

**Will grant funds support construction of buildings/major construction?\***

**Choices**

Yes

No

**Will your project serve less than three individuals with paralysis, their families, or caregivers?**

**Choices**

Yes

No

**Will grant funds support fund raising events or paid fund raiser positions?\***

**Choices**

Yes

No

**Will grant funds support lobbying and/or efforts to influence legislation?\***

**Choices**

Yes

No

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

**Choices**

Yes

No

**Will grant funds support a project(s) that has already been completed?\***

**Choices**

Yes

No



**Will grant funds support food (meals, per diem, board, lunch, beverages, alcohol, etc.)?\***

**Choices**

Yes

No

**Will grant funds support medical services?\***

**Choices**

Yes

No

## *Organizational Information*

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### **Mission Statement\***

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

*Character Limit: 1000*

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

*Please describe your organization 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\***

*(Your organization's total expenses for one year.)*

*Character Limit: 20*

### **DUNS Number\***

Please enter your organization's DUNS number.

Organizations awarded a grant over \$25,000 must have a DUNS number.

The DUNS number is a nine-digit number, issued by Dun & Bradstreet (D&B), assigned to each business location in the D&B database, having a unique, separate, and distinct operation for the purpose of identifying them. The DUNS number is random, and the digits have no apparent significance.

The DUNS number is a supplement to other identifiers, such as the EIN, and is required whether the application is made electronically or on paper. Dashes are not part of D&B's official definition of the DUNS number.

There is no charge to get a DUNS number, and the time to create the number is 24 to 48 hours.

<https://www.dandb.com/product/companyupdate/companyupdateLogin?execution=e1s1>

*Character Limit: 250*

### ZIP+4 Code\*

Organizations awarded a grant of \$25,000 and above must enter their ZIP+4 Code. (The complete, nine-digit ZIP Code consists of two parts. The first five digits indicate the destination post office or delivery area. The last 4 digits represents a specific delivery route within that overall delivery area.) This is needed for Reeve reporting through the Federal Funding Accountability and Transparency Act (FFATA).

You may use this link to find your ZIP+4 Code.

*Character Limit: 250*

### Federal funding\*

Applicant organization has received federal funds through grants and/or contracts.

#### Choices

Yes

No

Not sure

### Federal funding annual total\*

What was the total federal funding received in 2018?

*Character Limit: 20*

## Proposal Summary

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**Expanded Effect Quality of Life grants must be completed within 12 months after receipt of the award funds. Grant projects awarded through the 2020 Cycle will start in June 2020 and close in May 2021\*.**

\*Exact dates to be determined based on Reeve Foundation review process.

### 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."

Please answer "yes" or "no" to the following:

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

#### Choices

Yes

No

### Project Name\*

*Character Limit: 100*

### Previously Funded Project Summary Information\*

Please provide:

- The name of the previously funded project,
- The year awarded,
- The amount awarded,
- The type of grant received (e.g., Direct Effect, High Impact Priority, etc.)
- The project type (e.g., adaptive sports, respite/caregiving, nursing home transition, etc.)

*Character Limit: 1000*

### Previously Funded Project Achievement\*

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: 5 MB*

### Expanded Effect Project Type\*

Choose the project type below for the proposed **Expanded Effect** project.

#### Choices

Accessible Ballfield  
Accessible Beach/Dock/Pier  
Accessible Playground  
Accessible Trail  
Adaptive Sports  
Advocacy  
Arts  
Assistive Technology  
Camp  
Consumer Education  
Disaster Response  
Durable Medical Equipment (see Funding Restrictions)  
Education  
Employment  
Facility Accessibility Modifications  
Fitness and Wellness  
Healthcare  
Media Development  
Medical Professional Education  
Nursing Home Transition  
Peer Mentoring and Support  
Respite/Caregiving  
Service Animal Program  
Therapeutic Horseback Riding  
Transition from Institution to Home  
Transportation  
Other

### Amount Requested\*

Please enter the amount requested from the Reeve Foundation.

*Character Limit: 20*

### Project Type "Other"\*

If you checked "Other" for the Expanded Effect Project Type, state the proposed project type.

If you did not check "Other" write in N/A.

*Character Limit: 250*

**Total Proposed Project Budget Amount\***

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

*Character Limit: 20*

## *Proposal Description*

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**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, Inclusion, Community Integration\***

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

*Character Limit: 5000*

**Project Goals\***

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*

**Timeline, Activities and Benchmarks\***

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

*Character Limit: 1000*

**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.]

*Character Limit: 5000*

**How many people living with paralysis will be served by the proposed project?\***

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

*Character Limit: 3000*

### **How many care takers and family members of those living with paralysis will be served?\***

*Character Limit: 250*

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

Please tell us if your proposed project specifically targets any of the following underserved population groups. *Please select all that apply.*

#### **Choices**

Current or Released Prisoners and/or Persons At-risk of Incarceration  
Ethnic Minorities  
Homeless  
Indigenous or Tribal Communities  
LGBTQ  
Limited English Proficiency  
Low Income and/or Poverty Populations  
Migrant Workers  
Military Service Members and/or Veterans  
Newly Injured or Diagnosed Persons with Paralysis and their Caregivers  
Rural Residents  
Survivors of violence  
None of These  
Other

### **Underserved Population - "Other" Explained\***

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

*Character Limit: 250*

### **Age Group of Participants\***

Please check the following age group(s) of 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

### **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: 5000

### **Collaborations and Networks\***

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

Character Limit: 5000

### **Proposed Client Engagement\***

Please describe the extent to which proposed project stakeholders and/or clients have been identified and/or recruited for participation.

Character Limit: 5000

#### ***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 a MUA or MUP

Applicant organization is not a MUA or MUP

Not known if applicant organization is a MUA or MUP

### **MUA/MUP Designation\***

If your organization is either a MUA or MUP, please tell us the designation. If your organization is not a MUA or MUP or if you do not know, enter "N/A"

Character Limit: 250

## Budget Information

---

### Proposed Project Budget\*

All applicants are required to submit a completed Proposed Project Budget template (click link to download template or download directly from website) with this application.

Complete and upload the Proposed Project Budget template **in Excel** using the Project Budget upload button below.

Instructions for completing the Proposed Project Budget template are included in the Application Guidelines.

You **must** use the Reeve Foundation Budget Template provided. Submission of other budget formats will result in applications **not** being reviewed.

*File Size Limit: 3 MB*

*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.*

### Budget Narrative\*

Include a narrative for your budget that describes in detail and provides justification for each budget line item. Instructions for completing the Budget Narrative are included in the Application Guidelines.

Use the Budget Narrative template provided (click link to download template or download directly from website) and upload the document using the upload button below.

*File Size Limit: 2 MB*

### Vendor Quotes

Upload copies of vendor quotes (if applicable) to support your request using the button below. *For multiple pages, please scan into **one** document and upload.*

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### 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.

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### Other Sources of Funding

List other sources of funding (if applicable) for this project. Indicate whether the funding is committed or pending. Funding sources may be grouped; i.e., individuals, corporations, foundations, etc.

*Character Limit: 250*

### 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: 5000*

## Supporting Documentation

---

### Additional Materials

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

*File Size Limit: 5 MB*

### Additional Materials sent via Email

This field would be used by internal staff to upload any additional information/documentation sent by the applicant via email in the event that the 5 MiB limitation in the above question did not allow them to include.

*File Size Limit: 10 MB*

## 2020 Expanded Effect Program Application, Review and Notification Timeline

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- **Cycle Opens: February 3, 2020**

- **Technical Assistance Webinar: February 10, 2020**
- **Deadline for emailed questions: February 14, 2020**
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- **Grants awarded and funded by the end of May**
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All questions, concerns or technical difficulties must be directed to the Quality of Life department via email at [QoL@ChristopherReeve.org](mailto:QoL@ChristopherReeve.org).

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**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.**

## Grant Line-Item Budget

Name of Organization

Name of Project

One-Year Project Budget

**You must use the Reeve Foundation Budget Template provided. Submission of other budget formats will result in applications not being reviewed.**

*Note: Subtotal and Total costs will formulate automatically*

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

<b>Travel</b>			
Type of travel and one-sentence description of purpose			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Travel Subtotal</b>		\$ -	\$ -
<b>Other Costs</b>			
Item (good or service) and one-sentence description of purpose			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>Other Costs Subtotal</b>		\$ -	\$ -
<b>TOTAL COSTS</b>		\$ -	\$ -

			Is this funding Committed or Pending?
<b>Other Sources of Funding</b>		<b>Amount</b>	
Internal Funds		\$ -	
Individuals		\$ -	
Foundations		\$ -	
Corportations		\$ -	
Government - Federal		\$ -	
Government - State		\$ -	
Other		\$ -	
<b>TOTAL</b>		\$ -	

Summary of Funds Requested fr	Requested Amount
Personnel	\$ -
Equipment	\$ -
Consultants/Contractors	\$ -
Supplies	\$ -
Travel	\$ -
Other Costs	\$ -
<b>TOTAL FUNDS REQUESTED</b>	<b>\$ -</b>

### Budget Narrative Requirements

Name of Organization:

Name of Project:

One-Year Project Budget:

The budget narrative must include a description and justification of each budget category and line item presented in your proposed project budget. All expenses should relate clearly to the project 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 percent of time committed to the project. Indicate 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 benefit 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 cost per item. Explain how the equipment is necessary for the success of the project and the procurement method to be used.

**Consultants/Contractors** - Provide a description of the product or services to be provided by the consultant and an estimate of or detailing of exact cost, as well as how their use will support the purpose and goals of the project.

**Supplies** - List expendable items by type, the quantity to be used/purchased and cost per item. Explain the need and relevance to the project.

**Travel** – Explain the reason for travel expenses for project personnel (e.g., staff to training, client interviews, meeting, etc.). Identify all costs involved as well as the location of travel.

**Other Costs** – Enter a description of each budgeted cost item that does not appropriately fit in the above categories. Explain the need for each item, how it will further the objectives of the project, and how the cost estimation was determined.

**Administrative or Indirect Costs** – A de minimus indirect cost rate of no more than 10% is allowable. However, if your organization has a Negotiated Federal Indirect Cost Rate Agreement (NICRA) you may include indirect costs at the federally negotiated rate. Please note that a copy of your current NICRA will be required if your application is approved for funding.

If you include an indirect costs budget line you may not include overhead costs such as rent, utilities, personnel, and 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.

## Direct Effect Quality of Life Grants Application Review Scoring Rubric

Application Sections to be Scored			Scoring Option	Max Score
Proposal Description	1	Project Description	1-20	20
	2	Independent Living, Inclusion, Community Integration	1-10	10
	3	Project Goals	1-20	20
	4	Timeline, Activities, Benchmarks	1-10	10
	5	Evaluation	1-10	10
	6	# of people affected by paralysis	1-5	5
	7	Underserved Targeted Population	1-5	5
Budget Information	8	Proposed Project Budget	1-10	10
	9	Budget Narrative	1-5	5
	10	Project Contingency Funding	1-5	5
				<u>100</u>

Scoring Rubric Guidance				
	Score Range			
Excellent	5	10	20	No deficiencies. Fully and clearly responsive to the question. Excellent fit with overall objectives of the grant program and opportunity for quantifiable impact.
High		9	15-19	Exceptionally strong proposal. Good fit and potential for impact.
	4	8		Extremely strong with negligible weaknesses. Good fit and potential for impact.
		7		Very strong, minor weaknesses that detract from the project overall.
Medium		6	6-14	Numerous minor weaknesses that detract from the project overall.
	3	5		At least one significant weakness that undercuts proposal.
		4		Some strengths, but also some identifiable weaknesses that lessens the overall quality.
Low		3	1-5	Some strengths, but at least one major weakness that severely limits the proposal.
	1-2	2		A few strengths and a few major weaknesses.
		1		Very few strengths and numerous major weaknesses.

# Direct Effect Quality of Life Grants - 2020 1st Cycle (Spring)

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## *Application Review Form*

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### **Project Name**

*Character Limit: 100*

### **Amount Requested**

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

*Character Limit: 20*

### **Project Description\***

Does the project description justify the need for the project? Does it demonstrate that the proposed project design can be successfully implemented? Does the project fit with the overall objectives of the grant program? Is there an opportunity for impact? Does the organization have the capacity to carry out the project as proposed?

**Scoring Options:** 1 - 20

### **Project Description Comments**

*Character Limit: 1000*

### **Independent Living, Inclusion, Community Integration\***

Does the project demonstrate that it will be successful in meeting one of the following:

- Increasing independent living for people with paralysis?
- Promoting inclusion?
- Supporting integration into the physical, cultural, and spiritual communities in which they live?

**Scoring Options:** 1 - 10

### **Independent Living, Inclusion, Community Integration Comments**

*Character Limit: 1000*

### **Project Goals\***

Are the project goals in alignment with the project description? Are they specific and measurable? Are the goals realistic and achievable within the one-year grant period?

**Scoring Options:** 1 - 20

### **Project Goals Comments**

*Character Limit: 1000*



### **Timeline, Activities, Benchmarks\***

Is the timeline feasible? Do the proposed activities clearly match the project goals? Are benchmarks included to keep the goals of the project on track?

**Scoring Options:** 1 - 10

### **Timeline, Activities and Benchmarks 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 - 10

### **Evaluation Comments**

*Character Limit: 1000*

### **Number of People Affected By Paralysis\***

Does the proposed project serve a majority of people living with paralysis, their families, and caregivers? Does the application demonstrate that the proposed project will reach the intended audience?

**Please Note:** While we will consider supporting programs that include people that have other types of disabilities (cross-disabilities), it is important to remember that the Reeve Foundation is paralysis-focused, and as such, our grant funding must be targeted to projects that will serve individuals living with paralysis, their families, and caregivers.

**Scoring Options:** 1 - 5

### **Number of People Affected By Paralysis Comments**

*Character Limit: 1000*

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

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

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

**Scoring Options:** 1 - 5

### Underserved Targeted Population Comments

*Character Limit: 1000*

### Proposed Project Budget\*

Is the proposed budget appropriate given the project description, activities and goals? Do the budget line items clearly match what is proposed in the narrative? Does it include restricted items or unallowable expenses?

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

**Scoring Options:** 1 - 10

### Proposed Project Budget Comments

*Character Limit: 1000*

### Budget Narrative\*

Does the budget narrative include clear descriptions and justifications of each budget category and line item presented in the proposed project budget? Do the expenses clearly relate to the project narrative?

**Scoring Options:** 1 - 5

### Budget Narrative Comments

*Character Limit: 1000*

### Project Contingency Funding\*

Does the proposal explain how the funding requested fits in with the overall project budget strategy? Does it explain how the project will be funded if the Reeve Foundation is unable to support the project? If other project funding is denied will it impact Reeve Foundation funds?

**Scoring Options:** 1 - 5

### Project Contingency Funding Comments

*Character Limit: 1000*

### Recommend for Funding?\*

Based upon your review, would you recommend this grant application for funding? Please respond **Yes** or **No**.

#### Choices

Yes

No

### Recommend for Funding Comments

*Character Limit: 1000*

**Expanded Effect Quality of Life Grants  
Application Review Scoring Rubric**

Application Sections to be Scored			Scoring Option	Max Score
Proposal Summary	1	Previous Project Achievement	1-15	15
Proposal Description	2	Project Description	1-15	15
	3	Independent Living, Inclusion, Community Integration	1-10	10
	4	Project Goals	1-15	15
	5	Timeline, Activities, Benchmarks	1-10	10
	6	Evaluation	1-10	10
	7	# of people affected by paralysis/Underserved Targeted Population	1-5	5
	8	Collaborations and Networks	1-5	5
	9	Proposed Client Engagement	1-5	5
	10	Proposed Project Budget	1-5	5
Budget Information	11	Budget Narrative	1-5	5
				<u>100</u>

Scoring Rubric Guidance				
	Score Range			
Excellent	5	10	15	No deficiencies. Fully and clearly responsive to the question. Excellent fit with overall objectives of the grant program and opportunity for quantifiable impact.
High		9	11-14	Exceptionally strong proposal. Good fit and potential for impact.
	4	8		Extremely strong with negligible weaknesses. Good fit and potential for impact.
		7		Very strong, minor weaknesses that detract from the project overall.
Medium		6	6-10	Numerous minor weaknesses that detract from the project overall.
	3	5		At least one significant weakness that undercuts proposal.
		4		Some strengths, but also some identifiable weaknesses that lessens the overall quality.
Low		3	1-5	Some strengths, but at least one major weakness that severely limits the proposal.
	1-2	2		A few strengths and a few major weaknesses.
		1		Very few strengths and numerous major weaknesses.

# Expanded Effect Quality of Life Grants - 2020

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## *Application Review Form*

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### **Previous Project Achievement\***

Has the applicant shown that the previously awarded project achieved demonstrable, successful impact? Do they provide evidence that demonstrates that the previously awarded project made a statistically, measurable, significant effect or impact on improving the quality of life outcomes for people with paralysis, their families, and caregivers?

Does what is described reflect what was submitted in the final report for the previous award?

**Scoring Options:** 1 - 15

### **Previous Project Achievement Comments**

*Character Limit: 1000*

### **Project Description\***

Has the applicant demonstrated how the proposed project will expand upon, replicate on a larger scale, or take to full scale the previously awarded project?

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

Is there a justifiable need for the project? Can the proposed project design be successfully implemented? Does the project fit with the overall objectives of the grant program? Is there an opportunity for greater impact? Does the organization have the capacity to carry out the project as proposed?

**Scoring Options:** 1 - 15

### **Project Description Comments**

*Character Limit: 1000*

### **Independent Living, Inclusion, Community Integration\***

Does the project demonstrate that it will be successful in meeting one of the following:

- Increasing independent living for people with paralysis?
- Promoting inclusion?
- Supporting integration into the physical, cultural, and spiritual communities in which they live?

**Scoring Options:** 1 - 10

### **Independent Living, Inclusion, Community Integration Comments**

*Character Limit: 1000*

### **Project Goals\***

Are the project goals in alignment with the project description? Are they specific and measurable? Are the goals realistic and achievable within the one-year grant period?

**Scoring Options:** 1 - 15

### **Project Goals Comments**

*Character Limit: 1000*

### **Timeline, Activities, Benchmarks\***

Is the timeline feasible? Do the proposed activities clearly match the project goals? Are benchmarks included to keep the goals of the project on track?

**Scoring Options:** 1 - 10

### **Timeline, Activities and Benchmarks 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 - 10

### **Evaluation Comments**

*Character Limit: 1000*

## Number of People Affected By Paralysis/Underserved Targeted Population to be Served\*

Does the proposed project serve a majority of people living with paralysis, their families, and caregivers? Does the application demonstrate that the proposed project will reach the intended audience?

**Please Note:** While we will consider supporting programs that include people that have other types of disabilities (cross-disabilities), it is important to remember that the Reeve Foundation is paralysis-focused, and as such, our grant funding must be targeted to projects that will serve individuals living with paralysis, their families, and caregivers.

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

## Number of People Affected By Paralysis/Underserved Targeted Population to be Served Comments

*Character Limit: 1000*

## Collaborations and Networks\*

Are there existing collaborations and/or networks in place to make the proposed project successful? Are there developing partnerships that are promising and feasible? Will these collaborations contribute to the success of the project? Conversely, is the project partnership dependent (meaning that if the partner(s) were to pull out would the project be adversely impacted)?

**Scoring Options:** 1 - 5

## Collaborations and Networks Comments

*Character Limit: 1000*

## Proposed Client Engagement\*

Have the proposed project stakeholders and/or clients been clearly identified? Is the recruitment plan for these stakeholders and clients viable? How successful will the organization and/or key staff will succeed in reaching its intended audience?

**Scoring Options:** 1 - 5

## Proposed Client Engagement Comments

*Character Limit: 1000*

## Proposed Project Budget\*

Is the proposed budget appropriate given the project description, activities and goals? Do the costs appear reasonable? Do the costs include restricted items or unallowable expenses? Do the budget line items clearly match what is proposed in the narrative?

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

**Scoring Options:** 1 - 10

## Proposed Project Budget Comments

*Character Limit: 1000*

## Budget Narrative\*

Does the budget narrative include clear descriptions and justifications of each budget category and line item presented in the proposed project budget? Do the expenses clearly relate to the project narrative?

**Scoring Options:** 1 - 5

## Budget Narrative Comments

*Character Limit: 1000*

## Recommend for Funding?\*

Based upon your review, would you recommend this grant application for funding? Please respond **Yes** or **No**.

### Choices

Yes

No

## Recommend for Funding Comments

*Character Limit: 1000*