



Quality of Life Grant Application and Program Guidelines – 2021 1st Cycle

Direct Effect QOL Grants COVID-19: Addressing Social Isolation

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2021 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 90PRRC0002-03-00).

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 and administrator@grantinterface.com to your acceptable email address list to avoid having email communication from the Reeve Foundation blocked by SPAM blocker software. Please also review the supporting materials posted on the website which include People-First Language Guide, Quick Guide for Establishing Evaluation Indicators, and technical assistance presentations.

The Quality of Life Grants Program impacts and empowers people living with paralysis, their families and caregivers by providing grants to nonprofit organizations whose projects and initiatives foster inclusion, involvement and community engagement, while promoting health and wellness for those affected by paralysis in all 50 states and U.S. territories

A successful Reeve Foundation Quality of Life grant is an award invested into a 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.**

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 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

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.**

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 Impact 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 Impact 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 Expanded Impact grants program (Tier 5) was created in 2019 for previously awarded Quality of Life grantees whose programs and/or projects have achieved demonstrable, successful impact. In 2020, in response to the COVID-19 pandemic, a special grants program was introduced to Address Social Isolation.

The 2021 1st Cycle Quality of Life grant program will offer **Direct Effect** and **COVID-19: Addressing Social Isolation** grants. All grants ***must be completed within 12 months after receipt of the award funds and are non-renewable. Grant projects awarded through the 2021 1st Cycle will start June 1, 2021 and close May 31, 2022.***

Direct Effect Grants

The **Direct Effect Quality of Life Grant (Tier 1)** is **open-focused** and will award at least 36 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; 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 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>.

COVID-19: Addressing Social Isolation Grants

Emerging research on COVID-19 shows that social isolation and loneliness due to the coronavirus pandemic have been linked to many physical and mental health problems including heart disease, diabetes, heart failure, stroke, dementia, anxiety, depression and suicide. The health damage caused by isolation and loneliness is estimated to increase the risk of early death by 26 percent, has been equated to smoking 15 cigarettes a day, and is estimated to cumulatively cost Medicare an additional \$6.7 billion each year. Studies have also documented, social isolation contributes to elevated blood pressure, morning spikes in cortisol levels, and disrupted sleep.

Research shows that adults with chronic conditions and physical or cognitive disabilities are more than two times as likely to report feeling socially isolated (37%) than adults who do not have these health issues (15%). Research on the psychological impact of mass trauma (e.g., natural disasters, flu outbreaks) suggests that the pandemic might particularly harm the mental health of marginalized populations who have less access to socioeconomic resources and supportive social networks.

In addition, earlier quarantines provide some indications of the potential fallout from extended periods of isolation. After being quarantined during the epidemic of sudden acute respiratory syndrome (SARS), individuals who were quarantined or had relatives who contracted SARS were 2 to 3 times more likely to report high levels of post-traumatic stress disorder (PTSD) symptoms than the rest of the population.

Lastly, surveys and data collected from the Reeve Foundation and from stakeholders in the field of paralysis research have indicated that social isolation has had the number one negative impact on the lives of people living with disabilities relative to the COVID-19 pandemic.

Grants Program

The aim of the Reeve Foundation's new grants program is to **address social isolation during the COVID-19 pandemic** with the goal of enhancing connectedness of people living with paralysis and their caregivers to their communities and preventing adverse health outcomes.

Though we are looking to the field for innovative ways to address the program's aim and goals, funds may support programs and projects to:

- Connect isolated individuals and remotely foster engagement and connection through
 - Virtual support groups
 - Online activities to help support self-care and stress management
 - Virtual and online adaptive physical activity and health promotion programs
 - Art sessions
 - Gaming
- Adapt services or create new services to continue to support and engage family caregivers
- Facilitate connection through the use of technology, including
 - Increasing access to internet, broadband service, and tablets (via loan closets)
- Provide programs with online opportunities for volunteering (*Volunteering has been shown to have many positive health benefits*)
- Create strategies to strengthen and/or build social networks

- Provide access to tools and resources to help people remain connected and engaged

Grant Amounts

Though grants will be awarded within the range of \$25,000-\$50,000, applicants must indicate a specific amount in their request with a corresponding budget.

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 occupational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.
 - Exercise opportunities that are facilitated by someone who, for example, has a bachelor’s degree in exercise science or is a certified fitness instructor would be an allowable expense.
- **Equipment**
 - 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 Impact 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. 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 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. 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.

2021 1st Cycle Quality of Life Grants Program Calendar

- Cycle Opens: February 2, 2021
- Technical Assistance Webinar: February 9, 2021 ([register here](#))
- Deadline for emailed questions: February 12, 2021 (email to QoL@ChristopherReeve.org)
- Proposals Due: March 16, 2021
- External Review: March 22 – April 16
- Internal Review: April 19 – May 17
- Grants awarded and funded by the end of May
- Grant period: June 1, 2021 – May 31, 2022

Appendix

Direct Effect Application Questions (Appendix A)

COVID-19 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)

COVID-19 Scoring Rubric and Application Review Form (Appendix G)

Sample Interim Report (Appendix H)

Sample Interim Report (Appendix I)

2021 1st Cycle Direct Effect

Christopher & Dana Reeve Foundation

Application Deadline

TUESDAY, MARCH 16 AT 11:59 pm EASTERN

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 are NOT allowed to apply** on behalf of non-501(c)(3) nonprofit organizations.

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 90PRRC0002-03-00).

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 occupational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.
 - ♣ Exercise opportunities that are facilitated by someone who, for example, has a bachelor's degree in exercise science or is a certified fitness instructor would be an allowable expense.
- **Equipment**
 - 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.
- **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

Confirmation*

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

Choices

Yes

No

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

Organizational Information

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

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

Federal Audit Requirements*

Is your organization required to file an annual single audit?

Choices

Yes

No

Organizational Federal Expenditures*

Please indicate if your organization receives federal program funding for expenditure categories listed in the Catalog of Federal Domestic Assistance (CFDA).

Choices

Yes

No

Federal Funding Annual Total*

Character Limit: 20

Federal Funding Q1*

Did your organization receive 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Choices

Yes

No

Federal Funding Q2*

Did your organization receive \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Choices

Yes

No

Proposal Summary

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

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

Where did you learn about this grant opportunity?*

Select one from the list below.

Choices

Social Media
Reeve Foundation website/newsletter
Email announcement
From a prior grantee
We're a prior grantee
The Foundation Center
Word-of-mouth
Other

If other, please explain.*Character Limit: 500*

Proposal Description

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***Expected Impact***

Describe the extent to which the proposed project is likely to have a significant, direct impact on the target population. What difference will the proposed project make in the lives of individuals with paralysis and their families?

*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

Budget Information

Proposed Project Budget*

All applicants are required to submit a completed Proposed Project Budget template 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.

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*

All applicants are required to submit a budget narrative that describes in detail and provides justification for each budget line item. **Applicants must use the template provided in this application.** Instructions for completing the Budget Narrative are included in the template. Upload the document using the upload below.

Download Template

File Size Limit: 2 MB

Vendor Quotes

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

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

File Size Limit: 5 MB

Vendor Quote Confirmation*

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

Choices

Yes

No

N/A

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

Additional Materials

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

File Size Limit: 5 MB

Additional Supporting Materials

If you need to upload additional supporting materials, please scan into ***one*** document and upload using the upload a file button below.

File Size Limit: 5 MB

2021 1st Cycle Direct Effect Program Application, Review and Notification Timeline

- Cycle Opens: February 2, 2021
- Technical Assistance Webinar: February 9, 2021 ([register here](#))
- Deadline for emailed questions: February 12, 2021 (email to QoL@ChristopherReeve.org)
- Proposals Due: March 16, 2021
- External Review: March 22 – April 16
- Internal Review: April 19 – May 17
- Grants awarded and funded by the end of May
- Grant period: June 1, 2021 – May 31, 2022

Applicants are urged to view the Technical Assistance Webinar on 2/9/21. 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.

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.

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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.

2021 COVID-19: Addressing Social Isolation

Christopher & Dana Reeve Foundation

Application Deadline

TUESDAY, MARCH 16 AT 11:59 pm EASTERN

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 are NOT allowed to apply** on behalf of non-501(c)(3) nonprofit organizations.

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 90PRRC0002-03-00).

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 occupational therapists to work directly with persons with paralysis is considered part of rehabilitative therapy.
 - ♣ Exercise opportunities that are facilitated by someone who, for example, has a bachelor's degree in exercise science or is a certified fitness instructor would be an allowable expense.
- **Equipment**
 - 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.
- **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

Confirmation*

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

Choices

Yes

No

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

Organizational Information

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

DUNS Number for Requests of \$25,000 and Above*

For organizations requesting \$25,000 and above 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

Federal Audit Requirements*

Is your organization required to file an annual single audit?

Choices

Yes

No

Organizational Federal Expenditures*

Please indicate if your organization receives federal program funding for expenditure categories listed in the Catalog of Federal Domestic Assistance (CFDA).

Choices

Yes

No

Federal Funding Annual Total*

Character Limit: 20

Federal Funding Q1*

Did your organization receive 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Choices

Yes

No

Federal Funding Q2*

Did your organization receive \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Choices

Yes

No

Proposal Summary

COVID-19: Addressing Social Isolation Quality of Life grants must be completed within 12 months after receipt of the award funds. Grant projects awarded through the 2021 1st Cycle will start June 1, 2021 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

COVID-19: Addressing Social Isolation

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

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

Where did you learn about this grant opportunity?*

Select one from the list below.

Choices

Social Media
Reeve Foundation website/newsletter
Email announcement
From a prior grantee
We're a prior grantee
The Foundation Center
Word-of-mouth
Other

If other, please explain.

Character Limit: 500

Proposal Description

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

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

Expected Impact*

Describe the extent to which the proposed project is likely to have a significant, direct impact on the target population. What difference will the proposed project make in the lives of individuals with paralysis and their families?

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
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Budget Information

Proposed Project Budget*

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Download Template

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

Choices

Yes

No

N/A

PROCUREMENT POLICY

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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?

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Additional Materials

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2021 1st Cycle COVID-19: Addressing Social Isolation Program Application, Review and Notification Timeline

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Christopher & Dana Reeve Foundation
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
Personnel Costs			
List all positions by title	% FTE		
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Personnel Subtotal		\$ -	\$ -
Equipment Costs			
Itemize and provide descriptions of equipment (indicate below if vendor quote is attached to support equipment request)			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Equipment Subtotal		\$ -	\$ -
Consultants/Contractors			
Name of Consultant/Contractor (person or company) and one-sentence description of services			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Consultants/Contractors Subtotal		\$ -	\$ -
Supplies			
Itemize and provide description of supplies (indicate below if vendor quote is attached to support supplies request)			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Supplies Subtotal		\$ -	\$ -
Travel			
Type of travel and one-sentence description of purpose			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Travel Subtotal		\$ -	\$ -
Other Costs			
Item (good or service) and one-sentence description of purpose			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Other Costs Subtotal		\$ -	\$ -
TOTAL COSTS		\$ -	\$ -

Other Sources of Funding	Amount	Is this funding Committed or Pending?
Internal Funds	\$ -	
Individuals	\$ -	
Foundations	\$ -	
Corporations	\$ -	
Government - Federal	\$ -	
Government - State	\$ -	
Other	\$ -	
TOTAL	\$ -	

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

Christopher & Dana Reeve Foundation

Quality of Life Grants Program

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.

**COVID-19 Quality of Life Grants
Application Review Scoring Rubric**

Application Sections to be Scored			Scoring Option	Max Score
Proposal Description	1	Project Description	1-5	5
	2	Project Goals	1-5	5
	3	Expected Impact	1-5	5
	4	Timeline, Activities, Benchmarks	1-5	5
	5	Evaluation	1-5	5
	6	# of people affected by paralysis	1-5	5
Budget Information	7	Proposed Project Budget	1-5	5
	8	Budget Narrative	1-5	5
				<hr/> 40

Scoring Rubric Guidance		
	Score	
Excellent	5	Exceptionally strong. No deficiencies. Fully and clearly responsive to the question. Excellent fit with overall objectives of the grant program and opportunity for quantifiable impact.
Very Good	4	Strong with negligible weaknesses. Good fit and potential for impact.
Good	3	Adequate. Some weaknesses exist, but none of major concern.
Fair	2	A few strengths and a few minor weaknesses and/or at least one significant weakness that undercuts proposal.
Poor	1	Very few strengths and numerous major weaknesses. Does not meet criteria.

2021 1st Cycle Direct Effect

Christopher & Dana Reeve Foundation

External Review Form

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 - 5

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 - 5

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 - 5

Project Goals Comments*

Character Limit: 1000

Expected Impact*

Will the proposed project have a significant, direct impact on the target population? Will it make a difference in the lives of individuals with paralysis and their families?

Scoring Options: 1 - 5

Expected Impact 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 - 5

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 - 5

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*

In reviewing the budget, do the costs appear reasonable? Allocable? Are they allowable? Through the budget review, we are asked to determine the necessity, reasonableness and appropriateness of the specific costs in the line-item 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 - 5

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

**COVID-19 Quality of Life Grants
Application Review Scoring Rubric**

Application Sections to be Scored			Scoring Option	Max Score
Proposal Description	1	Project Description	1-5	5
	2	Project Goals	1-5	5
	3	Expected Impact	1-5	5
	4	Timeline, Activities, Benchmarks	1-5	5
	5	Evaluation	1-5	5
	6	# of people affected by paralysis	1-5	5
Budget Information	7	Proposed Project Budget	1-5	5
	8	Budget Narrative	1-5	5
				<hr/> 40

Scoring Rubric Guidance		
	Score	
Excellent	5	Exceptionally strong. No deficiencies. Fully and clearly responsive to the question. Excellent fit with overall objectives of the grant program and opportunity for quantifiable impact.
Very Good	4	Strong with negligible weaknesses. Good fit and potential for impact.
Good	3	Adequate. Some weaknesses exist, but none of major concern.
Fair	2	A few strengths and a few minor weaknesses and/or at least one significant weakness that undercuts proposal.
Poor	1	Very few strengths and numerous major weaknesses. Does not meet criteria.

2021 COVID-19: Addressing Social Isolation

Christopher & Dana Reeve Foundation

External Review Form

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 - 5

Project Description Comments*

In addition to your Project Description comments, please also note here if the proposed project matches the information provided in the LOI. If it does not match please include any concerns or issues that it raises.

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 - 5

Project Goals Comments*

Character Limit: 1000

Expected Impact*

Will the proposed project have a significant, direct impact on the target population? Will it make a difference in the lives of individuals with paralysis and their families?

Scoring Options: 1 - 5

Expected Impact 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 - 5

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 - 5

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

Proposed Project Budget*

In reviewing the budget, do the costs appear reasonable? Allocable? Are they allowable? Through the budget review, we are asked to determine the necessity, reasonableness and appropriateness of the specific costs in the line-item 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 - 5

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

Direct Effect Quality of Life Grants - 2020 2nd Cycle (Fall)

Christopher & Dana Reeve Foundation

Interim Report - Direct Effect Quality of Life Grants

Project Name*

Character Limit: 100

Amount Awarded

Character Limit: 20

Project Type

Please 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
Peer Mentoring and Support
Service Animal Program
Therapeutic Horseback Riding
Transition from Institution to Home
Transportation

Schedule/Timetable*

Is the project on schedule as outlined in your approved proposal?

Choices

Yes

No

Schedule/Timetable - Not on Time - Explanation*

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

If you indicated that the project is not on schedule explain why and describe how this will impact the overall success of the project.

What are your plans to ensure timely completion within the one-year project deadline?

Character Limit: 3000

Project Accomplishments to Date*

What are the project accomplishments to date?

Character Limit: 10000

Project Measures*

Provide specific information on the quantitative outputs and qualitative outcomes (as identified in your proposal) that you have measured to evaluate the impact of your project, as well as the evaluation tools employed.

Character Limit: 3000

Direct Impact*

How many people living with paralysis were served by the project? (Indicate how you arrived at this figure and the data sources used.)

Character Limit: 1000

Indirect Impact*

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

Character Limit: 250

Project Changes*

Were there any changes made to the approved project? Explain any modifications made.

Please note as indicated in the grant award letter, all changes in project scope must be approved prior to report submission.

Character Limit: 3000

Challenges*

Identify any challenges/obstacles faced while developing and implementing this project.

Identify possible solutions or proposed changes to address them.

Character Limit: 3000

Collaborations*

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

Character Limit: 3000

Lessons Learned*

Describe what the organization has learned during the project period to date, and any implications as the project moves forward.

Character Limit: 3000

Financial Reporting*

Use the Interim Expenditure Report template available through this link to report on approved versus actual expenditures to date.

File Size Limit: 3 MB

Budget Modification Request*

Describe any budget modification requested due to any unforeseen situations or project changes.

If no change requested, enter "N/A."

Character Limit: 3000

Budget Modification Upload

If you are requesting a budget modification, you must upload the Budget Revision Request Template indicating the awarded budget amounts and the requested revised budget amounts. All requests are reviewed by the QOL staff and you will be informed of all decisions indicating approval or not.

File Size Limit: 5 MB

Project Completed?*

Has the project been completed in full, including any evaluation and outcome measures that you proposed in your application?

If you indicate "Yes," we will contact you about closing out your grant.

Choices

Yes

No

Additional Materials

Upload copies of any significant materials including newsletters, brochures, articles, etc. that shed light on the project or your organization's recent activities.

Scan into **one** document and upload using the button below.

File Size Limit: 10 MB

Additional Supporting Materials

If you need to upload additional supporting materials, please scan into ***one*** document and upload using the upload a file button below.

File Size Limit: 5 MB

Direct Effect Quality of Life Grants - 2020 2nd Cycle (Fall)

Christopher & Dana Reeve Foundation

Final Report - Direct Effect Quality of Life Grants

Project Name*

Character Limit: 100

Amount Awarded

Character Limit: 20

Project Type

Please 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
Peer Mentoring and Support
Service Animal Program
Therapeutic Horseback Riding
Transition from Institution to Home
Transportation

Project Completion*

Has the project been completed in full, including full expenditure of the grant funds and any evaluation and outcome measures that you proposed in your application?

Respond "Yes" or "No."

Choices

Yes

No

Project Not Complete - Explanation*

If your project is completed in full, enter "N/A."

If you indicated that the project is not completed:

- Explain why;
- Describe how this impacts the overall success of the project; and
- Indicate what you propose to complete the project and within what time frame.

Character Limit: 10000

Project Accomplishments to Date*

What are the project accomplishments to date?

Character Limit: 10000

Project Measures

Provide specific information on the quantitative outputs and qualitative outcomes (as identified in your proposal) that you have measured to evaluate the impact of your project, as well as the evaluation tools employed.

Character Limit: 10000

Direct Impact*

How many people living with paralysis were served by the project? (Indicate how you arrived at this figure and the data sources used.)

Character Limit: 1000

Indirect Impact*

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

Character Limit: 250

Long-term Impact*

How many people living with paralysis will be served beyond the grant year?

For example, if the grant supports the purchase of equipment that will serve 20 people during the grant year, and you expect the equipment to last 5 years, you could reason it would serve 80 additional people over the remaining 4 years of the life of the equipment.

Please explain how you arrived at this figure.

Character Limit: 1000

Financial Reporting*

Use the Final Expenditure Report template available through this link to report on approved versus actual expenditures to date.

File Size Limit: 3 MB

Project Changes*

Were there any changes made to the approved project? Explain any modifications made.

Please note as indicated in the grant award letter, all changes in project scope must be approved prior to report submission.

Character Limit: 3000

Challenges*

Identify any challenges/obstacles faced while developing and implementing this project. Identify how you addressed them.

Character Limit: 3000

Collaborations*

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

Character Limit: 3000

Lessons Learned*

Describe what the organization has learned during the project period to date, and any implications this has beyond the grant period.

Character Limit: 3000

Additional Materials

Upload copies of any significant materials including newsletters, brochures, articles, etc. that shed light on the project or your organization's recent activities.

Scan into **one** document and upload using the button below.

File Size Limit: 10 MB

Additional Supporting Materials

If you need to upload additional supporting materials, please scan into **one** document and upload using the upload button below.

File Size Limit: 5 MB

Impact Evaluation

The next section of your report deals with the impact of the project, and is managed by Vanderbilt University, with which the Reeve Foundation contracts to conduct evaluation of the Paralysis Resource Center programs.

Volunteer opportunities*

Did your project create any volunteer opportunities in the community?

Choices

Yes

No

Military/Veteran Programs*

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

Choices

Yes

No

In the following section, please choose the answer that most closely reflects the extent to which you agree or disagree with each statement. Choices are:

- Strongly Disagree
- Somewhat Disagree
- Slightly Disagree
- Neither Agree or Disagree
- Slightly Agree
- Somewhat Agree
- Strongly Agree
- N/A Unable to Determine

Effect on Quality of Life*

To date, the project has had a **significant effect on quality of life** for individuals with paralysis and/or their families.

Choices

Strongly disagree

Somewhat disagree

Slightly disagree

Neither Agree or Disagree

Slightly Agree

Somewhat Agree

Strongly Agree

N/A Unable to Determine

Effect on Functional Independence*

To date, the project has had a **significant effect on functional independence** for individuals with paralysis and/or their families.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Community Integration*

To date, the project has had a **significant effect on inclusion or community integration** for individuals with paralysis.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Increased Knowledge of Resources*

To date, the project has led to **increased knowledge or awareness of available resources** for individuals with paralysis and/or their families.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Access to Community Resources*

To date, the project has led to **increased access to community resources** (e.g., financial, education, social) for individuals with paralysis and/or their families.

Choices

Strongly disagree

Somewhat disagree
 Slightly disagree
 Neither Agree or Disagree
 Slightly Agree
 Somewhat Agree
 Strongly Agree
 N/A Unable to Determine

Increased Decision-Making Skills*

To date, the project has led to **increased decision-making skills** for individuals with paralysis and/or their families.

Choices

Strongly disagree
 Somewhat disagree
 Slightly disagree
 Neither Agree or Disagree
 Slightly Agree
 Somewhat Agree
 Strongly Agree
 N/A Unable to Determine

Increased Self-Determination*

To date, the project has led to **increased self-determination** for individuals with paralysis.

Choices

Strongly disagree
 Somewhat disagree
 Slightly disagree
 Neither Agree or Disagree
 Slightly Agree
 Somewhat Agree
 Strongly Agree
 N/A Unable to Determine

Improvement in Abilities or Skills*

To date, the project has led to **improvement in abilities or skills** for individuals with paralysis. (For example, improvement in employment and job skills/abilities, but it could also be used to capture improvement in physical abilities and skills such as core strength due to therapeutic horseback riding or even improved ability to ride a horse or sit up.)

Choices

Strongly disagree
 Somewhat disagree
 Slightly disagree
 Neither Agree or Disagree
 Slightly Agree
 Somewhat Agree
 Strongly Agree

N/A Unable to Determine

Increased Community Interaction*

To date, the project has **increased the number of interactions** of persons with paralysis and community members.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Changes to People's Perception of Persons with Paralysis*

To date, the project has **affected the way people think about persons with paralysis**.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Increased Health Status*

To date, the project has led to **increased health status** of individuals with paralysis.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

New Collaborations*

To date, the project has led to **NEW collaborations with your organization and other disability-related agencies, organizations, nonprofits**.

Choices

Strongly disagree
Somewhat disagree

Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Existing Collaborations*

To date, the project has led to **furthering EXISTING collaborations with your organization and other disability related agencies and/or nonprofit organizations.**

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Underserved Populations*

To date, the project has **served traditionally underserved populations** within the individuals with paralysis and family/caregiver community.

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Impact on Fundraising*

The partnership with the Christopher & Dana Reeve Foundation has let to my organization's **ability to acquire more funds from other foundations/donors.**

Choices

Strongly disagree
Somewhat disagree
Slightly disagree
Neither Agree or Disagree
Slightly Agree
Somewhat Agree
Strongly Agree
N/A Unable to Determine

Community Impact*

In what ways did your project **affect the community of persons with and without paralysis?**
Please provide a narrative response.

Character Limit: 3000

The last section of this report, which will enable the Reeve Foundation to improve upon its processes, please respond to the question **“How satisfied were you with the following?”** using these responses:

Not At All Satisfied

Slightly Satisfied

Moderately Satisfied

Highly Satisfied

Very Satisfied

N/A or Unable to Judge

Application process*

How satisfied were you with the application process?

Choices

Not At All Satisfied

Slightly Satisfied

Moderately Satisfied

Highly Satisfied

Very Satisfied

N/A or Unable to Judge

Clarity of the application*

How satisfied were you with the clarity of the application?

Choices

Not At All Satisfied

Slightly Satisfied

Moderately Satisfied

Highly Satisfied

Very Satisfied

N/A or Unable to Judge

Ease of the application*

How satisfied were you with the **ease of filling out the application?**

Choices

Not At All Satisfied

Slightly Satisfied

Moderately Satisfied

Highly Satisfied

Very Satisfied

N/A or Unable to Judge

Templates*

How satisfied were you with the **application templates (budget and budget narrative)?**

Choices

Not At All Satisfied
Slightly Satisfied
Moderately Satisfied
Highly Satisfied
Very Satisfied
N/A or Unable to Judge

Webinar – Submission information*

How satisfied were you with the technical assistance webinar **in preparation for what information you needed to submit the application?**

Choices

Not At All Satisfied
Slightly Satisfied
Moderately Satisfied
Highly Satisfied
Very Satisfied
N/A or Unable to Judge

Webinar – Program goals*

How satisfied were you with the technical assistance webinar **in helping you better understand the goals of the program?**

Choices

Not At All Satisfied
Slightly Satisfied
Moderately Satisfied
Highly Satisfied
Very Satisfied
N/A or Unable to Judge

Timeline/feasibility*

Was the 12-month timeline of implementation feasible for your project scope?

Choices

Yes
No

Process improvement*

How can the Reeve Foundation improve upon its grantmaking process?

Character Limit: 3000

We deeply appreciate your cooperation and your commitment to improving the lives of those living with paralysis, along with their families and caregivers. Thank you.