2018 Project Wellness Edge Subaward Application form

Wellness Edge\* at the University of Kentucky Human Development Institute aims to increase the quality of engagement for individuals with paralysis and their support networks in recreational settings, and thereby improve health outcomes of not only the individual but also his or her support network. Wellness Edge will build capacity of local communities to enhance and facilitate access to recreational programs, so they might effectively serve individuals with paralysis and their support networks. Our target population is individuals with any type of paralysis and their support networks, including caregivers, family, and friends. Wellness Edge will — 1) Identify nonprofit community based disability organizations that provide long term services and supports which are implementation-ready, have innovative ideas, and want to increase access, through a competitive subaward process; 2) Fund and support sub awardees to implement innovative feasible solutions by providing technical assistance on advocacy, accessibility, and programming, and; 3) Collect data on the efficiency of the subawards process and the impact of the subaward on individuals with paralysis and their support networks in their local communities.   Wellness Edge will collaborate with non-profit organizations around our state to ensure the active participation of individuals with disabilities in recreation programs. Recreation activities are defined as structured or organized group activities which are intentionally designed to benefit individuals, groups or communities. Camaraderie, skill development, fitness and enjoyment tend to be primary motivations for recreation participation. Given the higher health risk that individuals with paralysis face and the lack of infrastructure in the state to provide accessible and inclusive recreational programming, there is a strong need to help communities develop, implement, and provide accessible recreational services. Approved Projects awards may range from $10,000.00 - $24,999 per organization.

 \*The project described is supported by Grant Number 90PRRC0001-01-00 from the Administration for Community Living, Department of Health and Human Services. Its contents are solely the responsibility of the Wellness Edge staff and do not necessarily represent the official views of the Administration for Community Living Or HHS.

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A maximum of six (6) projects will be funded provided at least six eligible applications are received. Funding for any one proposal cannot exceed $24,999. Applicants may submit more than one proposal but only one award per applicant will be allowed. Funds will NOT support requests to bring an entity into compliance with the Americans with Disabilities Act as that is the legal responsibility of the organization.

**Proposal Criteria**

1. Proposed activities must take place within an 8 month period, November 1st 2018-June 30th 2019.
 2. Proposed activities must conclude by June 30, 2019.
 3. Applicants must be Kentucky-based organizations.
 4. Applicants must demonstrate an ability to provide structured or organized group activities which are intentionally designed to benefit individuals, groups or communities. 5. Preference will be given to applicants committed to providing inclusive activities (activities that are not aimed solely at people with disabilities).
 6. Applicants should use person-first language when referring to people with disabilities.
 7. Upon acceptance of the proposal, awardee agrees to work with Wellness Edge staff to enter into the University of Kentucky online subcontract system. Award payments will be made based upon completion of project milestones with final award payment made upon receipt of final report and final invoice. Final report and invoice must be received no later than June 25, 2019.

This Program will not fund the following:
 Organization overhead expenses
 Medical services
 Fundraising activities

Awardees agree to provide requested data that will measure impact and effectiveness of awards. To apply for the Wellness Edge Community Recreation Gants, please answer the questions in the body of the application form. The completed application must be received by 5 p.m. EST September 17, 2018. Applications will be scored by a review panel. Applicants selected for funding will be notified by October 10, 2018. For questions or concerns contact wellnessedge@uky.edu or Jason Jones at 859-552-3012

**Organization Description**

* Name of the Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organization Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tax ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description**

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description (150 words or less): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of fund requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Narrative**
 Applicants should address the following 8 items. Each section should not exceed one page in length. **You will upload your narrative on this page.**
 **Organization History & Experience**

Provide a brief background on the recreation offerings within your organization. Where is support for recreation that provides options for people with paralysis and their networks of support needed the most? What history do you have providing long-term services and supports for people with disabilities, and specifically for people with paralysis and their support networks?

**Need**

What is the problem the organization would like to address?

**Approach/solutions**

Detailed description and timeline of the activities the organization will undertake within an 8 month period. Explain how the organization will engage persons with paralysis and their networks of support. Include anticipated numbers of people with paralysis and the total number of people expected to participate.

**Outreach**

Description of how the organization will reach out to individuals with paralysis and their networks of support, especially those who live in rural areas.

**Leadership & Staffing**

Explain how you will implement this recreation program. Who will lead this effort and what makes the leadership uniquely qualified to do so?

**Data & Reporting**

Description of how the activities will enhance accessibility and participation of individuals with paralysis and their support networks, and commitment to work with Project Wellness Edge staff to collect the necessary data to show impact. Sub-awardees will be required to submit a final report

**Budget**

 Provide an itemized budget. The proposed budget should be clearly justified and consistent with the proposed objectives and activities.

**Please Upload your file here**

Before you click 'submit', please verify if you have entered all the required application information.

* **Submit**