



# CFLF

## **Cystic Fibrosis Lifestyle Foundation**

### 2009 Recreation Grant Application

**CHECKLIST:**

Please include with your application:

\_\_\_\_\_ **Completed Application**

\_\_\_\_\_ **Picture of self doing favorite activity**

\_\_\_\_\_ **Signed Contract**

Mail to: CFLF  
Attn: Grant applications  
P.O. Box 1344  
Burlington, VT 05402-1344

E-mail: [info@cflf.org](mailto:info@cflf.org)

*\*Applications may take 6-8 weeks for processing and review. We appreciate your patience.*



## CFLF Grant Application Guidelines



This year, we are expanding our Recreation Grant program. We are still awarding \$500 to be used toward recreation activities for adolescents and young adults with CF, but we are now also offering an optional additional \$500 to incorporate a companion/peer support to participate in the activities with the grant recipient. Below are some guidelines of how the program will work:

- Recreation Grants are for \$500. If you are awarded a grant, you will be given a credit that can be used over one year (12 months from approval). The spirit of these funds is to help improve lifestyle, and so we ask that chosen activities have an ongoing duration and are not a one-time event.
- CFLF will pay directly for **activities** to the billing activity company. Funds will not be paid directly to grant recipients unless an exception is made to reimburse for expenses recently paid out of pocket by the recipient. A maximum of \$200 may be used toward purchasing necessary equipment for the activity [accessories such as iPod's will not be covered].
- There are not strict age limits, but our targeted age groups are adolescents and young adults. We give rough estimates for people to consider between 12 and 30 years of age.
- CFLF will only consider complete applications including essay and photo. We will make one attempt to contact the applicant for necessary information that is missing.
  - Applications **MUST** be completed by the person with CF (not their parents).
  - Additional \$500 will be offered for applicants choosing to incorporate either a Companion/Peer Support or incorporating a Mentor, making the total award \$1000.
    - Grant recipients may elect to include a companion "Peer Support" in their activities. This person will be able to accompany the grant recipient on their chosen activities. Because the grant is offering to cover recreation expenses for both the recipient and a peer, it will be expected that the "Peer Support" person be involved for the duration of the activity chosen by the grant recipient.
    - Youths younger than 18 years old may elect to incorporate a "Recreation Mentor", which will require more regularity of meetings and structure through goal setting to be worked on throughout the relationship. A "Recreation Mentor" will help provide motivation and company in supporting the youth with their chosen activities, while also helping to overcome certain obstacles such as transportation. A mentor will also commit to a certain amount of meeting time per month, and to work on goal setting toward better health with the youth.
      - **(see next page for more details)**

- Once an applicant is approved, they will be in charge of using their grant. A parent/guardian may assist in decision making, and helping with where CFLF should send funds. However, we MUST be contacted by the person with CF to confirm their choice in the use of the funds.
- We ask that applicants agree to provide quarterly feedback throughout the 12-month period of their grant. The “CF Questionnaire” (CFQ-R) is a four-page assessment tool that has been thoroughly studied for reliability and validity. We have received permission to use this tool to determine what, if any, effect we are having on the physical, psychological and social quality of life for the grant recipients. We will also ask for quarterly FEV-1 scores to monitor the respiratory condition of the grant recipients.

### Recreation Mentors

Our intent with this option is to establish an adult support person who can provide help with obstacles of transportation, and companionship on the activities. Throughout the course of recreation activities we expect relationships of trust, encouragement, achievement and self-esteem to develop. This support can provide greater access and motivation for kids to get out and have fun in their current interests, and hopefully try some new ones too! The help of Mentors can also provide much-needed downtime for parents.

Mentors must be at least 25 years old, and ideally have an established familiarity with the child and family applying for the grant. They may be a family member (other than parent) or a friend of the family. If a familiar person is not available as a mentor, CFLF will work with outside agencies (i.e., United Way, Big Brother/Sister, local college, etc.) to recruit a reliable and safe volunteer as a “Recreation Mentor”.

Our expectation of Mentors is to commit four hours per month of *doing* activities with the grant recipient. An additional \$500 is added to each grant to help cover the associated costs of a mentor participating in cost-related activities with the recipient.

CFLF will provide training about cystic fibrosis, mentoring expectations, assist with goal setting, and aid in difficulties that may arise.

CFLF must protect the safety of any minors approved for a Recreation Grant. We believe that having the children and parents choose their own mentor provides an inherent and assumed safety. However, we will still provide basic background screening to assure that the mentor candidate is willing and able to fulfill their commitment as a mentor.

We recognize that a mentor that is not committed can be more detrimental than beneficial to the young person.

A likely challenge for mentors will be developing greater familiarity and comfort with cystic fibrosis. We will provide information and training to aid mentors with this process, but would like to stress that *each case of CF is different*. Some individuals with CF may have different issues that others with CF may or may not have to deal with. Research will also describe *possible* symptoms and effects of CF, but again, this may or may not apply. Cystic Fibrosis exists on a range of severity, which may also change over time. Individuals with CF tend to become ‘experts’ on their condition, and can also develop a terminology that may seem unfamiliar. We encourage recipients to help teach their mentors what they know, which is also a means of developing courage, confidence and empowerment in their CF.

Office Use Only

Date Rcvd: \_\_\_\_\_

Decision Date: \_\_\_\_\_

# Application

Date: \_\_\_\_\_

- **Personal Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_

Gender: M F Phone: \_\_\_\_\_

- **Doctor Information**

CF Care Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Center Mailing Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

- **Consent**

By signing here I give my permission to CFLF to discuss my condition with my doctors or other healthcare provider regarding the activities I would like to use my grant towards. I also understand that CFLF requests that I provide my FEV-1 lung function scores upon each quarterly visit to my doctor, but information may be requested from and provided by my doctor if necessary. I also give consent for my [child's] photo/name to be used on the CFLF website or on necessary publications as needed.

Signature: \_\_\_\_\_

***If under the age of 18:***

Parent's names: \_\_\_\_\_

Parent's signature(s): \_\_\_\_\_

\_\_\_\_\_

**Grant options (please check the type of grant you are applying for)**

\_\_\_\_\_ Option A: \$500 – Recreation Grant for only myself. No companion “Peer Support” person or “Recreation Mentor” will be included in my activities.

\_\_\_\_\_ Option B: \$1000 – Companion/Peer Support  
This option allows for up \$500 to be utilized for a friend to be included with you in your activities. No part of the additional \$500 may be used toward equipment purchase for the Peer Support person. Equipment may be rented through an organization if necessary (i.e., safety harness at rock climbing gym, ski equipment to take lessons, etc.)

\_\_\_\_\_ Option C: \$1000 – Recreation Mentor  
This option allows for up \$500 to be utilized for a mentor to be included with you in your activities. No part of the additional \$500 may be used toward equipment purchase for the mentor.

This option requires the commitment of an adult volunteer to have a structured schedule of meeting, and develop set goals to work on with the grant recipient. A mentor may be self-selected, or provided through a volunteer organization (Big Brother/Sister, United Way, etc.).

\_\_\_\_\_ I will self-select a mentor (complete nomination form below)

\_\_\_\_\_ I ask that CFLF will help arrange and coordinate a Recreation Mentor through an outside organization.

• **Nomination of Self-Selected Mentor**

Please provide the name and contact of up to two (2) people you would like considered as options for your Mentor. Please check with the person first to ask if they are willing and able to participate as your “Recreation Mentor” for the 12-month grant period.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

# Questions

1) What is your favorite physical activity and why? Explain in detail how you feel this activity helps you to manage your Cystic Fibrosis both physically and mentally.

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2) What activities have you never done before that this grant might help you try?

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3) Would you be willing to participate in a 4-page questionnaire survey at intake, 6-months, and 12 months to help us see if there is any impact on your quality of life from this grant?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

4) Would you be willing to provide your FEV-1 lung scores on a quarterly basis?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

5) Please list any other grants or awards you have received from other organizations, CF related or otherwise.

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4) Please include a photo of yourself involved in your favorite activity. Describe here where and when the picture is from, and the story that describes what we are looking at. (Please note that photos will not be returned and may be used on this website or for publicity purposes.)

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# Contract of Agreement

(to be completed by applicant only)

Please read and *initial EACH* of the points below, and upon agreeing to these conditions sign at the bottom of the page.

\_\_\_\_\_ (initial) I understand the spirit of these funds is to help improve my lifestyle, which includes my physical, psychological, and social well-being. I will do my best to use this Recreation Grant to improve my life, and to use it toward on-going activities and the amount I can use on necessary equipment is limited to \$200.

\_\_\_\_\_ (initial) I will not sell, trade or profit from any equipment purchased with this recreation grant within two (2) years of the purchase date.

\_\_\_\_\_ (initial) I will do my best to utilize my mentor/peer support person for conversation about this grant and how it affects my lifestyle. I will help them to understand CF, as they may not be as much of an expert on it as my family or I. I also understand that they may be a little intimidated or nervous about not being experts, but I do know that they are offering support to just talk and have as much fun as possible.

\_\_\_\_\_ (initial) I will contact CFLF as soon as possible if I am having difficulty with my Mentor or Peer Support person.

\_\_\_\_\_ (initial) I will utilize the disposable camera sent to me by CFLF and return it in the provided postage paid envelope within the first six-months of my activity. I will do my best to use it for pictures of me doing the activities the grant helps me to do, or of other recreational activities. I understand that these pictures may be used on the CFLF website or other materials (anonymously) for the promotion of this Recreation Grant program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date