

# CFLF

## **Cystic Fibrosis Lifestyle Foundation**

### Recreation Grant Application

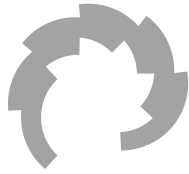
**CHECKLIST:** Applications will not be processed if any portion is not complete

- \_\_\_\_\_ **Completed Application**
- \_\_\_\_\_ **Picture of self, doing favorite activity**
- \_\_\_\_\_ **Signed Contract**

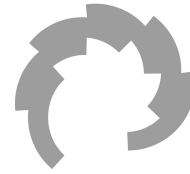
Mail to: CFLF  
Attn: Grant applications  
P.O. Box 1344  
Burlington, VT 05402-1344

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 have revised our Recreation Grant program. We are now awarding grants for up to \$500 to be used toward pre-approved recreation activities for people with CF. We are still offering an optional additional \$500 (maximum) to incorporate a peer support or recreation mentor to participate in the activities with the grant recipient. Below are some guidelines of how the program will work:

- Recreation Grants are for up to \$500. Included in this application is an “Information Sheet” where the recreation activity is specified. If you are awarded a grant, funds will be paid directly to the designated activity provider. The spirit of these funds is to help improve lifestyle, and so preference will be given to applicants who’s requests are for ongoing activities as opposed to one-time events.
- 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.
- Funds may not be requested for the purchase of equipment (unless a necessary exception is appropriate.)
- CFLF will only consider complete applications including essay and photo. If information is missing a letter of denial will be sent and individuals may apply again.
- Applications **MUST** be completed by the person with CF (not their parents, unless a necessary exception is appropriate).
- Applicants may choose to incorporate a mentor or peer support in some or all of their requested activities. Additional funds up to \$500 may be requested for the second person to join the applicant in their activity.
  - “Peer Support” – may be included by the applicant 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.
  - “Recreation Mentor” – may be included by applicants younger than 18 years old, and should not be a parent of the applicant. This option requires more regularity of meetings and structured goal setting that will be utilized 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)**

- We ask that applicants agree to provide feedback during the one year period of their grant at intake and again at 12 months. 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 assess any effects on the physical, psychological and social quality of life for the grant recipients. We will also ask for quarterly FEV-1 scores to monitor respiratory changes 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. Recreation mentors are not a ‘personal coach or trainer’, rather they are a ‘CF Coach’, someone who is willing to take on the larger issues that people with CF face on an everyday basis.

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!

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. Up to \$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.

# Application

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

Is this is a renewal grant?      No \_\_\_\_\_      Yes \_\_\_\_\_

• **Personal Information**

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

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

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

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

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

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

Emergency Contact: (in case you can not be reached)

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

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

E-mail: \_\_\_\_\_      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, other healthcare providers, or other organizations 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): \_\_\_\_\_

\_\_\_\_\_

# ACTIVITY REQUEST

## ACTIVITY INFORMATION

Activity or Sport	Name, Address and Phone of activity provider to receive payment	\$ Amount Requested	<i>Circle one if appropriate</i> M – Mentor PS – Peer Support	\$ Amount Requested for Mentor or Peer Support	Date activity is to start (Write “asap” if no specific date)
		\$	M PS	\$	
		\$	M PS	\$	
		\$	M PS	\$	
<b>Sub-Totals</b>		\$ (max \$500)		\$ (max \$500)	
<b>Total \$ Requested</b>		\$ (max. \$1,000 if incorporating Mentor/Peer Support)			

## MENTOR / PEER SUPPORT INFORMATION

- This information **MUST** be provided in order for funds to be approved for M or PS funds to be approved.
- **MENTOR** – intended to be a formal support and guide for personal development in living with CF. This is not intended as a sports/activity “coach” as the focus of the relationship is on living with CF. Appropriate for applicants under 18. Mentors should be over 25 years old, and not a parent of the applicant. Applicant should invite a person they would like to be their mentor **FIRST**, before providing information below.
- **PEER SUPPORT** – a less formal structure that enables a ‘best friend’ to participate in activities with the applicant, and act as a motivator to be active. This can be a person of the same age to attend camps or lessons, or just be the activity companion. It should be the **SAME** person for any multiple activities (above) requesting a peer support.

Name of Mentor/Peer Support:	Email address:	Age:
Address:	City/State/Zip:	Phone:

I have read the description of a Recreation Mentor on page three of this application and I am willing to commit my support to the applicant above in this role.	
Mentor Signature: _____	Date: _____



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3) Would you be willing to participate in a 4-page questionnaire survey at intake and again at 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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## Photograph

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.)

(If you have received a CFLF grant in the past please include a photo of yourself participating in the activity your last grant helped fund.)

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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, emotional, 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.

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

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

\_\_\_\_\_ (initial) I will do my best to provide photos, email feedback, and complete questionnaires for CFLF to help determine the impact of this program on my well-being, and to help improve the programs of CFLF.

\_\_\_\_\_ (initial) I will update CFLF with any address or phone changes.

\_\_\_\_\_ (initial) I give permission to CFLF to utilize my (child's) photograph, parts of my essay, and e-mail content to help demonstrate the impact of these programs to the public.  
[OPTIONAL]

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if under 18)

\_\_\_\_\_  
Date