



CFLF

**Cystic Fibrosis
Lifestyle Foundation**

*Living STRonger! Living Longer!
#STROLO*

2022 Recreation Grant Application

CHECKLIST:

- _____ Completed Application (All pages of the application must be completed and submitted together)
- _____ Photo of applicant doing a physical activity (Digital copy preferred, e-mail to Grants@CFLF.org)
- _____ Signed Consent and Contract
- _____ CF Care Provider Form (Completed by CF Care Provider)
- _____ Letter of reference (Optional)
- _____ Copy of application to be kept for personal records (Optional, but highly recommended)

Mail to: CFLF
Attn: Grant applications
P.O. Box 1565
Ronkonkoma, NY 11779

E-mail to: Grants@CFLF.org
Fax to: 802.877.2034

Grant Application Guidelines

- **Due to COVID-19 requests for in-home exercise equipment will be temporarily considered.**
- **Applicants requesting support for an activity (rather than exercise equipment) must complete and sign the COVID liability waiver on page 8.**
- **Due to limited available funding, the CFLF is not able to approve all Recreation Grant requests.**
- Individual Recreation Grant requests may not exceed \$500.
- The CFLF will only consider COMPLETE applications, this includes answering ALL questions AND including a photo. If ANY information is missing, a denial will be made.
- Please check with the establishment where the applicant's activity will be taking place to make sure they will accept a check from the CFLF as payment for their services.
- Applicants may only submit one type of CFLF application at a time.
- The **annual financial information** for the household (including ALL members in the household) that we ask for helps us to evaluate financial need. Leaving this field blank will have a negative impact on the review of your application.
- Applications **MUST** be completed by the person with CF. If a child is unable to write the parent or guardian may transcribe for them, but the words must come from the applicant.
- **Applications are reviewed bi-annually with deadlines on:**
 - March 31, 2022
 - September 30, 2022
 - Applications must be received no later than midnight on the day of the deadline
- The CFLF will pay directly for approved support (within six months following approval) to the billing activity company or organization. Funds, including reimbursement for past activities, will NOT be paid to the grant recipient.
- If an applicant is denied, they may reapply for the same, or different request, with a new application as soon as they would like.
- Only one Recreation Grant can be awarded per recipient per 12 months.
- We ask that applicants agree to provide feedback during the period of their grant at intake, 12, and 24 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. Information is used for internal purposes only to demonstrate program impact, and will be kept confidential.

Individual Grant Request

(Please be sure that ALL sections of the application are filled out)

Date: _____ / _____ / 2022

Have you applied for a CFLF Recreation Grant in the past? No _____ Yes _____
Have you ever received a CFLF Recreation Grant? No _____ Yes _____

• **Household Information:** (*This information is required for **ALL** applicants)

How many people are in your household? _____ *

How many in your household have CF? _____ *

What is your current **ANNUAL** household income? _____ *

Has your household income been negatively impacted by COVID-19? No _____ Yes _____

• **Personal Information:**

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ (**Please circle one:** Home/Cell/Work)

E-mail: _____ ***MUST** be an active account

Age: _____ Date of Birth _____ / _____ / _____

• **Emergency Contact:**

Name: _____ Relationship: _____

Address: _____

Town/State/Zip: _____

E-mail: _____ Phone: (_____) _____

Can this person be provided with updates and mailings from the CFLF? No _____ Yes _____

• **Consent**

By signing here I give my permission to the 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 give my permission to the CFLF to request medical information from my CF healthcare providers including my FEV-1 lung scores. I understand that in compliance with HIPAA regulations the CFLF will keep any of my medically sensitive information confidential. My signature below is valid for the 24 months following the approval of my Recreation Grant.

Signature: _____

If under the age of 18:

Parent/Guardian name(s): _____

Parent/Guardian signature(s): _____

Activity Request Information

Please be as specific as possible when providing the following information. If any information is missing, or left blank, we will not be able to process your request.

-If more than one activity (or piece of exercise equipment) is being requested **please photocopy or print this page multiple times for EACH individual request**. Please remember that the total dollar amount for all activities/equipment may not exceed \$500.

Type of activity or exercise equipment funds are being requested for:

(i.e., Gym membership, yoga classes, stationary bike, treadmill, etc.)

Amount requested for activity or exercise equipment: \$ _____

(EXACT dollar amount is required, there is a \$500 maximum)

If requesting a direct purchase of exercise equipment online, please copy/paste the URL address of the specific equipment webpage:

Name of business or organization where activity funds will be paid to:

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Phone number: (____) _____ **E-mail:** _____

Contact Person (if applicable): _____

Start date of activity: _____

(If there is no specific date, write ASAP)

Duration of activity: _____

(Ex. one year, 6 months, 4 weeks, etc.)

Photo Information*

Please describe below where and when the photo you are submitting with your application is from, and the story that describes what we are looking at. (The submitted photo must be recent and clearly show the applicant).

- Please DO NOT fax, staple, tape, glue, or write on photos
- Please do not send headshots or group photos
- Digital copies strongly preferred, please e-mail to Grants@CFLF.org with your name in the subject line

* Please note that photos will not be returned and may be used for publicity purposes

Letter of Reference

(Optional)

If you choose to have someone write a letter of reference on your behalf, please explain below why you have chosen that person:

(Continue on a separate sheet if necessary)

Contract of Agreement

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

_____ I understand I am undertaking in the activities requested in this application under my own (or my child's) risk, and will not hold the Cystic Fibrosis Lifestyle Foundation, nor any of its partners, liable for any injury or negative health impact related to this activity.

_____ 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 that I believe to be beneficial to my health.

_____ I will not sell, trade, or profit from any goods or services rendered with this Recreation Grant.

_____ I understand that the CFLF will contact my CF doctor to review and request endorsement of the activities requested in this application.

_____ I will do my best to fill out and return the CFQ-R (questionnaires) at intake, 12-months, and again at 24-months to help the CFLF determine the impact on my quality of life from this grant and to help improve the programs of the CFLF.

_____ I will update the CFLF with any address, e-mail, or phone changes.

_____ I give permission to CFLF to utilize my (or my child's) photographs, parts of my essay, e-mail content, thank you notes, etc. to help demonstrate the impact of this program to the public through the CFLF website, e-mails, mailings, and/or social media.
(OPTIONAL)

Applicant's Signature

_____/_____/2022_____
Date

Parent/Guardian Signature (if under 18)

_____/_____/2022_____
Date

*Please contact Program Coordinator, Tiffany McDaniel, with questions at: Tiffany@CFLF.org or (833) 462-2353 ext. 2

Waiver of Liability Relating to Coronavirus/COVID-19

****If you, or your child, intend to use your Recreation Grant for an activity outside your home you will need to read and sign this waiver****

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. Those who have Cystic Fibrosis are considered high-risk in regard to contracting COVID-19.

The CFLF cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing a business's services or premises. If you choose to utilize the CFLF's services in order to enter onto a business's premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK:

I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children by utilizing the CFLF's services to enter a business's premises."

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Cystic Fibrosis Lifestyle Foundation and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing their Recreation Grant program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

* Please fill out the top portion of this page yourself, then have your CF Care Provider fill out the rest of this page and the following page. Pages 9 and 10 MUST be completed and included WITH your application to be considered for approval.

Applicant's Name: _____ Applicant's DOB: _____
Applicant's chosen activity: _____

CF Care Provider (MD, NP, PA) (Page 1 of 2)
CFLF Recreation Grant- Request for Information

CF Care Provider's Name: _____
CF Care Provider's E-mail: _____
CF Care Center: _____
Center Mailing Address: _____
City: _____ State: _____ Zip code: _____

Contact Person: _____ Position: _____
Phone: (____) _____ E-mail (required): _____

Dear CF Care Provider,
We have received an application from the applicant listed above for a Recreation Grant from CFLF. Part of our application review process is to verify with their CF Care Provider their current health status. Any information will be kept confidential and will be used for internal purposes only (i.e., not for research or publication) to better understand and demonstrate program impacts in substantiating ongoing financial support.

The information we would like from you:

1. How long have you treated this patient? _____
2. How would you rate their compliance with medications and treatments on a scale of 1-10 (10 being 100% compliant.) Circle one: 1 2 3 4 5 6 7 8 9 10
3. Do you endorse their participation in the activity listed above as potentially beneficial to their health? _____
4. Do you have any concerns about their participation in these activities? _____

5. Would you be willing to provide updates of their FEV-1 scores upon request? _____

As the primary CF Care Provider for the patient listed above, I support and encourage their participation in physical activity as a part of their well-being. I understand that CFLF is not promoting any form of interaction between CF patients, and the funds being applied for are strictly for individual purposes of promoting recreation as an additive measure of airway clearance. I feel that he/she is an excellent candidate to receive a CFLF Recreation Grant.

_____/_____/2022
CF Care Provider (Signature) Date

CF Care Provider (Page 2 of 2)
CFLF Recreation Grant- FEV- 1 Scores

Applicant's Name: _____ Applicant's DOB: _____

Please list the applicant's FEV-1 scores from the last one to two years, we require a minimum of **at least 4 scores**. If the patient is too young, or unable to provide lung function scores, please explain:

Please enter FEV-1 data for the previous 12 months below, starting with the OLDEST and ending with the NEWEST scores. Please use two decimals for the "Score" column.

*Score: _____ Percentile: _____ % Date: ____ / ____ / ____

*Score: _____ Percentile: _____ % Date: ____ / ____ / ____

*Score: _____ Percentile: _____ % Date: ____ / ____ / ____

*Score: _____ Percentile: _____ % Date: ____ / ____ / ____

Score: _____ Percentile: _____ % Date: ____ / ____ / ____

Score: _____ Percentile: _____ % Date: ____ / ____ / ____

Score: _____ Percentile: _____ % Date: ____ / ____ / ____

Score: _____ Percentile: _____ % Date: ____ / ____ / ____

Score: _____ Percentile: _____ % Date: ____ / ____ / ____

Score: _____ Percentile: _____ % Date: ____ / ____ / ____

*Minimum of four FEV-1 scores required

Other comments:

The scores listed above have been performed and recorded at an affiliated CF Center under supervision of a CF healthcare provider.

_____/_____/2022
CF Care Provider (Signature) Date

Applicant's name: _____



The CFLF is a small, independent non-profit that is not affiliated with, or supported by any other CF organization. The CF Recreation Grant program is made possible by grassroots fundraising events, individual donations, and grants from pharmaceutical companies. The demand for CF Recreation Grants has nearly tripled in the last few years, while the amount of funding available for the program has remained the same.

In order for us to keep up with the demand for grants...

We Need Your Help!

Please consider:

- Making a donation of any amount to the CFLF
 - Fundraising for the CFLF
- Telling family and friends about the CF Recreation Grant program

ALSO...

If you know someone who may be interested in donating either one time or on a regular basis, please provide their information below and we will reach out to them. (This is NOT required in order to be considered for a Recreation Grant).

Name: _____ Relationship to applicant: _____

Address: _____ Town/State/Zip: _____

Phone number: (_____) _____ E-mail: _____

Name: _____ Relationship to applicant: _____

Address: _____ Town/State/Zip: _____

Phone number: (_____) _____ E-mail: _____

Name: _____ Relationship to applicant: _____

Address: _____ Town/State/Zip: _____

Phone number: (_____) _____ E-mail: _____