



# CFLF

**Cystic Fibrosis  
Lifestyle Foundation**

*Living STRONGer, Living LONGer*

## 2023 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](mailto: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 USA

E-mail to: [Grants@CFLF.org](mailto:Grants@CFLF.org)  
Fax to: 802.877.2034

This program is made possible with the support from:



Trudell Medical International

# 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.**
- Recreation Grant requests may not exceed \$500 USD (equivalent Canadian amount is subject to variation based on exchange rates at the time of award approval).
- 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 VISA/MASTERCARD from the CFLF as payment for their services.
- 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 on a rolling basis and may be submitted at any time. It is asked that requests that are date specific allow at least four-weeks prior to the start of the activity for processing time.**
- The CFLF will pay directly for activities to the company or organization providing the activity. 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 activity, with a new application as soon as they would like.
- Only one Recreation Grant can be awarded per recipient per year.
- 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.**

# Canadian Grant Request

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

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2023

Have you applied for a CFLF grant in the past? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever received a CFLF grant? No \_\_\_\_\_ Yes \_\_\_\_\_

## **Household Information:** (\*This 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 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 medical privacy 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): \_\_\_\_\_

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## **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 activity or equipment request.**

(Please remember that the total dollar amount for all activities may not exceed \$500 USD).

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

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(i.e., Gym membership, summer camp, yoga classes, etc.)

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

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

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

**Town:** \_\_\_\_\_ **Provence:** \_\_\_\_\_ **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.)

**Amount requested for activity or exercise equipment:** \$ \_\_\_\_\_

**(EXACT Canadian dollar amount is required - \$500 USD maximum –Please check online for current CAN-USD exchange rates).**

\_\_\_\_\_ **I confirmed that this activity provider will accept VISA/MASTERCARD payments (initials)**





## CFLF Recreation Grant- FEV- 1 Scores

**Please enter your 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: ____ / ____ / ____

\*Please provide a minimum of four FEV-1 scores

# 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

\_\_\_\_\_/\_\_\_\_\_/2023  
Date

\*Please contact Program Coordinator, Tiffany McDaniel, with questions at: [Tiffany@cflf.org](mailto: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.

**CHOICE OF LAW:** 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): \_\_\_\_\_

**CF Care Provider (Physician or Nurse)**  
**CFLF Recreation Grant- Request for Information**

To be completed by applicant:

Applicant's Name: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_

Applicant's chosen activity: \_\_\_\_\_

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): \_\_\_\_\_

To be completed by care provider:

Dear CF Care Provider,

We have received an application from the applicant listed above for a Recreation Grant from CFLF and we need to verify their current health status with their CF Care Provider. **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.**

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 Recreation Grant through the CFLF.

\_\_\_\_\_/\_\_\_\_\_/2023  
CF Care Provider (Signature) Date