



**National Council on Independent Living
Path to Empowerment for Consumers with SCI**

**FULL GRANT APPLICATION
for Centers for Independent Living**

Center for Independent Living	
CIL Executive Director/ CEO	
Applicant Name and Title	
Mailing Address	
City, State, Zip	
Applicant Email Address	
Organization Website Address	
Project Title	
*Amount Requested (\$10,000 - \$25,000 maximum)	
Application Category (Check the category that best describes your program/project.)	<input type="checkbox"/> Independent Living <input type="checkbox"/> Employment <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Sports & Recreation

***Note: Funding cannot be used for staff salaries. Staff/personnel costs should be reflected in your total program budget, but funds cannot be requested for those costs through this grant application.**

- 1. Provide your CIL's mission statement and a brief history:**
- 2. Number of individuals served by your CIL in the past year/fiscal year:**
- 3. Serving individuals with SCI:**
 - a) How many individuals with SCI does your CIL serve in a year?**
 - b) How many individuals with SCI do you estimate your proposed program/project will serve?**
- 4. Project Description:**
 - a) Is this a new or continuing program/project?**
 - b) Describe the proposed program or project, its purpose and specific activities:**
 - c) Define the major goals and objectives of the program/project – that is, what will the project accomplish? What will be the impact on the quality of life of people with spinal cord injuries?**

- 5. Project Evaluation:** Please describe how you will define and assess the effectiveness and evaluate the overall success of your program/project:

- 6. Describe how the project will maximize consumer participation and establish collaboration with other relevant groups in the community:**

- 7. Budget:**

Reminder: Funding cannot be used for staff salaries. Staff / personnel costs should be reflected in your total program budget, but funds cannot be requested for those costs through this grant application.

Program Fees: Program fees/charges that are normally either charged to clients, subsidized via some other sources (like Voc Rehab, etc.) or written off when a client has no resources, are appropriate inclusions in your budget as long as they are clearly aligned with clients with SCI who would receive the services. This approach is essentially “scholarshipping” the clients for the services provided. Line items should not support general operating funds; rather, they must support programs directly serving those with SCI.

What is the total budget for the entire project? \$_____

What is the total amount of grant funds requested from NCIL? \$_____

In the table below, please provide a brief description of each line item applicable to your program/project and the amount requested from NCIL for each category.

Category and Brief Description	Grant Funds Requested
Program Supplies:	
Program Fees:	
Travel:	
Equipment:	
Other:	
Other:	
TOTAL FUNDS REQUESTED:	

Will any other sources of funds be used to support this program/project? [] Yes [] No

If yes, please list all other funding sources for this program/project, including anticipated applications. Please include the organization, amount received (or anticipated) and date received (or anticipated).

- 8. Program Sustainability:** How will you ensure the continuation of this program after the end of the NCIL grant?

- 9. Please provide any additional information that will help reviewers understand your application.**

10. Attachments

- [] Organizational operating budget, including revenue and expenses
- [] W-9 Form
- [] IRS 501 (c)(3) determination letter