# THE CHRISTOPHER AND DANA REEVE FOUNDATION’S RURAL UNSERVED & UNDERSERVED POPULATIONS QUALITY OF LIFE GRANT PROGRAM

# TRANSCRIPT

>> MARK: You are going to do the introduction and I think that's fine.

>> This is Kim. When the stars I will do the welcoming and say her name of the workshop and then I will hand it off to you.

>> Little Bay.

>> You will not be able to see them. If they press the raise hand but.

>> Questions.

>> You indicated you wanted a five minute warning for the end of time.

>> That would be perfect. That would be perfect. Because then I could hopefully wrap things up in time to.

>> I have to do that anyhow, whether or not you like it.

>> Okay. And I think that's really all the questions that I have.

>> Is better if somebody that can move through the slides like Mark would like rather than delay time.

>> Perfect.

>> I am happy to share.

>> I think that will work nicely. And what I do is as you have asked me, is say the name of each slide. It will be like next slide, session overview or whatever. And then kind of going to that.

>> Sounds good. Not that I want to know, but if there are people that are registered where there are people in attendance or will people most likely watch this on video afterwards? I know that I end up doing that a lot of times if I register for something to.

>> We won't know for sure how many people there are and to reactivate the webinar. Because we can't see the webinar waiting rooms for some reason. It's a weird Zoom functionality thing.

>> Okay so as soon as he actually activated webinar, everyone will be able to come in. And then we will see I think as a panelist you can see the numbers. If you click on your participant button at the bottom.

>> Yes. I can do that. That's good. And in that way I can also see the chat and things like that too at the end and so I will be leading the questions from the chat? Or ‚Ä¶ Would one of you be doing? Go ahead, can.

>> I am going to ask them to do the end. Can I see the Q and A, Abby?

>> I think you have a Q and a button at the bottom and then when you click that, any questions people have asked in the Q and they will show up in the open section.

>> Anyone of them at the end so I can read them, but it's some kind of question that's more logistically, I will answer it.

>> Okay. That sounds good.

>> And at the end, you're ready when you are ready for question and answers, I can say who is reading -- who is asking the question, if that makes you more comfortable. Sometimes that makes a better you feel like the question is being asked instead of -- I think.

>> I mean, maybe if you read it because I would give me a little time to think about the answer while I'm listening. I know a lot of times what will happen with me as I will read it and then there will be silence as I'm reading it trying to formulate an answer.

>> So I will be reminding them not to put it in chat because -- for anything technical issues.

>> Great. Thank you both so much for your help. These things always make me a little nervous.

>> I know.

>> You're going to do great.

>> You will be great.

>> Well, hopefully it will provide people information, and that's the most important part.

>> I play every time it comes up.

>> So you are not with April, though.

>> I'm a board member of April.

>> Where are you?

>> Atlanta, Georgia. With Disability Link.

>> Oh, okay.

>> We've had a couple of grants.

>> Yes. Okay. It's such a pain. And it is frustrating. It's frustrating for us especially when there are good programs that you want to be able to find but our own restrictions --

>> I know. I bet you guys -- I feel honored that we get the ones we do.

>> Thank you. That's nice.

>> We've been able to do -- a couple of them because we had the funding, a couple of the counties picked it up, which was nice, because they've seen the impact, you know. Unfortunately, it doesn't show up for a year after we do the impact report, and it's like, you know, it would be really cool to be able to just do the follow-up to say have you been out to do anything since that -- because people wait to see what you are going to have. Established for us -- one of the programs that we did -- it looks like it's time to start the webinar. We have 25,000 from the county because of it ongoing.

>> Nice. That's super. Thank you.

>> It's 4: 01, and we will give a few minutes for people to get into the room. My name is Kim Gibson, I did not say that to begin with.

>> Okay. Good afternoon, everyone. Welcome to the Christopher and Dana Reeves foundation serve an underserved populations quality of life grants program. I am Kim Gibson. I am the vice chair of the April board and your facilitator for the call today. Thank you for joining us for this workshop. I want to mention a few housekeeping items before we get started. First, when you scroll over the screen, a menubar pops up. Depending on what device, you can find the menu bar at the top or at the bottom of the screen. That is where you will find the closed captioning for today's session. You can view the captioning by selecting the ACC tab on the menu bar. Your sign language interpreting, you can find the interpreter on the screen. If you would like to change the size of your screen, if slides are shown, you can select the line of the metal to make the slides larger or smaller. If you would like to change the size of the screen if slides you can select, the line in the middle to make the slides larger or smaller. If you have technical issues, please use the chat feature. You can find me word bubble in that same menubar. If you would like to turn the chat feature off if you're using a screen reader, you can do that by pressing ALT plus H or use the info and help section on the conference website for more help. Please only use the chat for technical network questions and answers for question and answers, note the question and answer boxes on the menu bar. Please only submit questions there as they may get lost in the chat. Don't put your questions in the chat. Put them in the Q&A box. All questions will be answered at the end of the workshop -- towards the end there will be a question and answer session. To ask a question or make a comment, you can also select the hand option on the menu bar. That allows us to know you have a question. We are taking questions at the end, so wait to raise your hand until then. For those of you on the phone today or using keystrokes, we ask that you press\*nine or ALT plus Y on your keypad to raise your hand. We will then let you know when you can unmute. You can select the unmute option or ALT plus K if using keystrokes. Remember, if you join into the conversation, please keep all background noise down as much as possible to allow us to hear you clearly. At the end of the session, I just want to let you know -- I will remind you again to complete your evaluation. At this point, I am going to hand it right over to Mark Bogosian.

>> MARK: That was close. Thanks so much, Kim. Thank you so much for joining me. I am Mark Bogosian, the director of the quality of life grants program at the Christopher and Dana Reeves foundation. I am a Caucasian Middle Eastern man with gray hair. I'm wearing a dark blue shirt, and I like to say that I am middle-aged, but as my friends often say they are like Mark, who do you know that lives to be 114. We are here today for the role unserved and underserved populations grants program. And I am also here to share some information about some of the other rules related resources that the Christopher and Dana Reeves foundation does share -- does have that we would love to be able to share with you. I am going to say the name of each slide just so those who are at home are able to follow along and if they are not able to visually see the slides. We are now on slide 3 session overview. Here's a quick overview of what we are going to discuss today. We're going to start with general information about the Reeve foundation and our national paralysis resource Center. We will then move into the unserved and underserved grants program, and we will talk a little bit about some of the other funding opportunities that hopefully will be of interest to you as well, and then I'm really hoping we will have plenty of time for questions. This next slide is a picture of our founder, the late actor and activist, Christopher Reeve with a quote that says a hero is an ordinary individual who finds the strength to preserve and endure, and spite of overwhelming obstacles. And I hope this doesn't come across as insincere in any way, but I really want to say I truly believe that all of you who are on this call -- session today, you guys are really the real heroes. They worked that you do deserve communities in the work with April. You know, all of this work is still needed and I'm hearing a little bit of a kickback.

>> Okay. Try that now.

>> MARK: I was just saying based on the quote, I'm really honored to be here with all of you. So here is an introduction to the Reeve foundation. The Christopher and Dana Reeve foundation has a dual mission of today's care and tomorrow's cured. Tomorrow's your is dedicated to curing spinal cord injury by advancing innovative research and through today's care, you know, we are dedicated to improving the quality of life for individuals and families that are impacted by paralysis. And that is accomplished through all of the work that we do through our national paralysis resource Center. Definition of paralysis. It's important to note is where did it we are paralysis focused and all work including the grant programs is targeted to serve individuals living with process as well as their families and their caregivers. We used a very functional definition of paralysis, which is the difficulty and/or inability to use arms and or legs due to neurological conditions. This can include but is certainly not limited to spinal cord injury, traumatic brain injury, stroke, which is the number one cause of paralysis, cerebral palsy, spina bifida, ALS, postpolio syndrome and a whole bunch of other conditions. This next slide is about the national paralysis resource Center, and I'm going to cut that down to Saint NPRC. So on the right hand of this slide is another quote from Christopher Reeve and it says: once you choose hope, anything's possible. In to me, that really is very true and I think for a lot of us, I think we can certainly see what some might think is the simplicity of that, but it's the absolute truth. So the NPRC was created by Dana Reeve in 1999, and it is free, comprehensive, national source of informational support to people living the process and their caregivers. Our primary goals are to foster involvement in the community, promote health, and improve quality of life. We've been funded since 2014 through a cooperative agreement with the U.S. Department of Health and Human Services, the administration for community living, which is ACL. The NPRC provides deeply needed information, programs, and individualized support and assistance to the over 5.3 million Americans that are living with paralysis. Snapshot of impact. So this slide shows the various aspects of the letter and PRC and what I like to think of as a wheel with various spokes highlighting our programs and services. The foundation of the NPRC they provided one-on-one assistance to over 117,000 families and over 170 languages. We also have kind of move throughout the scale, we have a military and veterans program, which supports the unique needs of our servicemen and women we have a peer and family support program with over 500 certified peer mentors and they have provided support to over 20,000 people. We have a virtual community of over 3 million users who either visit our website or, you know, interact with us on Twitter, Facebook, Instagram, and other social media outlets. There's the Reeve Summit, which is an annual event, which is actually happening at the end of this week, and it is where cure, care, and community connect, and at the top right of this circle, the top right hand of this circle, there's the quality of life grants program, and that's the program I'm so lucky to be a part of. We have awarded over $37 million to over 3550 organizations since the program's inception in 1999. And I obviously will talk a lot about that later on. But rounding out our circle is our paralysis resource guide and other health-related materials that I'm going to talk about on this next slide. Free materials and resources. So this slide shows pictures of the various resources such as books or wildcards, there are fact sheets and publications, and all of these resources are free. And this includes our flagship publication, which is the paralysis resource guide. Be it -- we have wildcards on secondary conditions like sepsis or deep vein thrombosis or, again, many other secondary conditions. You know, there are publications on bladder and bowel management, pressure injuries, or advocating for the rights of children living with paralysis. We have state fact sheets and as you see as I go through some of these slides many other resources are available and these are all free and we invite you to reach out to us for any of these materials throughout not only your organization but also for all of the people that you serve through your organization. Rural and disability resources. This slide is really just a screenshot of what is a five-page world disability resource document, and that provides information on national organizations such as stairs Purdue University's aggravated lady or the national Agro ability project. There is the national rural health resource Center or the national rural transit assistance program. We even have the Veterans Administration office of rural health. This document is really for us to kind of go to resources for people in the rural areas are living with a disability and we are always very happy to share those types of information. Native American disability resources. This is a similar document as the previous one, but it provides nine pages of information and resources around Native American disability resources. Undocumented immigrant resources is this next slide and you know, this is just another example of some of the rural resources that we do provide in fact sheets and through stage sheets and through some of the other resources available on our website. So what we have learned -- and I'm going to probably share with you a lot of the things that you already know and it was certainly interesting to us. As we compiled our research, we try to learn as much about rural communities and rural Americans and we oftentimes turned to organizations like April. We turned to national organizations and really try to learn from the best. So, you know, some of the most important things we have learned about rural communities is that they are strong. They are resilient and have the ability to gather around purpose and solve a problem. This next slide is called role inequities. And unfortunately, what we've also learned is rural Americans experienced many inequities compared to the nation as a whole. This includes things such as housing or transportation. We know that the closure of rural hospitals and the long distance is to provide our offices or specialists or even emergency services like those limit access to care in many rural communities. We also know rural residents are more likely to live without health insurance, which, of course, poses every barrier to needed care. There are limited healthy food options. Something that we learned as recent estimates suggest 2.3 million rural residents live in food deserts and in frontier areas of the country and on reservations. Residents are more likely to live in food deserts and may have to travel many miles to access healthy foods. And then in many rural locations access to groceries and convenience stores, you know, there is just limited food options. This was something for me I once worked at a food bank in New York City which was certainly not a rural area, but we had a lot of food desert pockets which you wouldn't believe exists in New York City. You know, also, access to broadband and other technology. Approximately 40 percent of rural communities lack access to broadband. We know this lack of access to high Internet -- high-speed Internet can really limit everybody's opportunities. Opportunities to work or opportunities for education or healthcare and many other services. There is also historical trauma, and I think they did I don't want to say this is somewhat of an eye-opener because it really should not have been, but we never really think about historical trauma. You know, in many tribal communities, the impact of historical trauma, you know, such as loss of land and policies of segregation and discrimination, you know, they have long, long lasting influence on community health and well-being, let alone the fact that these policies have really limited the ability of families to recruit assets. There are rural communities and rural Americans are likely to have chronic diseases they are more likely to have chronic diseases like heart disease or obesity, diabetes and that's in comparison to nonrural residents. As I stated earlier, and all of this you all ready know rural Americans once again are likely to live without health insurance and I don't need to say much more about that. The intersection of rural communities and disabilities -- this is when we start to draw down to the work we are doing especially in the disability and paralysis related fields. We know that while rural residents can account for relatively small percentage of the total U.S. population, they represent a higher proportion of people with a disability. 17.1 percent of rural Americans report a disabling condition, and that's compared to 11.7 percent of urban dwelling Americans. You know, we also note that higher rates of disability, you know, persists across gender, race, impairment type and all age groups. You know, like veterans and people in poverty living in rural areas, they report higher rates of disability than those in urban areas. Again, something we all know is rural communities often lack the services or the resources to support the independent living in the participation of people with disabilities. You know, the availability of community resources as well as the access to those resources, they have a large impact on the experience of disability. So why we created this program -- of course, all of that information that I just shared paints a bleak picture and again, it's information you all know but for us, the reason we created this is once again, we just really want to acknowledge him that the resiliency and the strength of rural communities and the

r ability to gather around purpose and to solve problems so we created this grants program to recognize those strengths and to leverage them for the betterment of the community. So the aim of the new grants program on the next slide, you know, because we are a process focused organization, you know, the aim is to fund projects that explicitly benefit people living with paralysis and unserved and underserved rural communities. And we are expecting that the projects will focus on promoting accessibility and participation in rural communities. I will give some examples. These grants are up to $40,000 and organizations will have up to 18 months to complete their awarded projects. Potential projects. So these are the kinds of projects that we conceived of and I am 100 percent certain that you and other applicants to deep meaning, I hope that all of you will be applying for this program and I will talk little bit about that at the end too. Our goal is that you are the ones who are really going to be coming up with these pressing issues that are affecting the people living with paralysis in your communities. And there are some potential things that we were thinking. Transportation, providing access to safe and affordable transportation options for people living with paralysis and mobility issues and the same with providing accessible drivers education and training programs. We do this all throughout the country where we do provide driver training programs to people living with paralysis and certainly something that is much needed in a rural area. There is assistive technology and durable medical equipment. And we kind of envisioned this taking place through short-term loan -- equipment loan programs. It could be ramps. It could be broadband Internet, or it could even be demonstration centers. So we are trying to take the pieces that we know about and that we have learned about and are trying to make them applicable. Some other potential projects continue on this next slide is health, rural -- rural community health centers or veterans hospitals. You know, it could be about care coordination, or it could be about telehealth. We also were looking at agriculture and access to healthy foods, and there's the whole issue of employment and education, and those are pieces that were really very much committed to even through other grant programs that I will talk about. We also see that peer and family support groups are very much needed, and how to be go about doing that in a rural area? So we are hoping that these types of projects worth the projects that you come to us with are really going to address what's needed in your communities. So our next slide, which I realize I have been forgetting to say pretty much all along this presentation so I apologize to Abby who I think is running the slides in the background, this next slide is the quality of life grants program. This is just going to give you a general overview. I am taking a step back but a broader step right now. So the quality of life grants program impacts and empowers people with paralysis and as I've mentioned, their families and caregivers through things like respite care giving programs and what we do is we provide grants to nonprofit organizations and for projects that we really -- is our goal with these projects and initiatives foster inclusion, involvement and community engagement while promoting health and wellness for those affected by paralysis and all 50 states and the U.S. territories. As I mentioned earlier, since our program's inception in 1999, with the late Dana Reeve, over $37 million have been awarded to 3550 projects across the United States. And those have gone to nonprofit organizations, tribal entities, municipalities, churches, universities, school districts, anything that has to do with a municipality, Parks and Recreation program, veterans hospitals, community health centers. And all with a huge wide array of projects, programs, and services. And I'm going to talk about those in a little bit. So the quality of life tiered grant structure which is this next slide, this slide shows the tiered grant structure. So at the top, it shows that we offer what we call the direct effect tier 1 grants and these are up to $25,000. In these projects are open-focus. It could really be anything. It could be a sports wheelchair for an adaptive basketball team or hydraulic lift for a pool or an camping program for children living with paralysis. The next tier here in the middle of all of this tier 2, three, four, they provide what we call a priority impact grant, and the -- our underserved and unserved grants program falls under this. Tier 2 grants are up to $30,000, and that includes respite and caregiving, which we talked about, which are really aimed at families and caregivers, assistive technology. And we currently have -- and I believe it may be ending with this cycle -- COVID-19 addressing social isolation now as we are hopefully moving out of the pandemic. Tier 3 grants are up to $40,000 and fund projects related to nursing home transition. Brand-new racial equity, which is also a new pilot program this year, and this new rural unserved and underserved populations program. Tier 4, those are grants solely directed towards employment, and they award up to $50,000 for employment programs, and what's important to us at the Reeve foundation is that these programs lead to living wage gainful employment, and they assist individuals living with paralysis to either enter or reenter or remain or advance in the workplace. So this is really about tangible, gainful employment, and it is also one of my favorite grant programs. And then lastly on this slide is expanded impact tier 5 grants. And these are for organizations that have previously been awarded a quality of life grant in any tier that has shown really incredible successful impact and is ready to move on to the next level of impact. So it could be a project that was focused in a city that is now either moving statewide or regionally or it could have been a state program that's now moving nationally and we are now in the spring we will be offering our fourth offering of -- it will be our fourth offering of the expanded impact grants. The next slide is the grant cycle. So this slide shows that the grant cycle opened up September 1. With proposals due October 13. So you are probably all wondering, okay. That's two days from now so why are you just telling me about this now? And what I want to offer for you all listening is I want to offer you the opportunity to have a week extension through October 20, and I know that's not too long of a period either to pull together an application, but I am hoping that through some of the work that we have done with April and announcements that we have been sent out that you have had a chance to add least hear a little bit about this. But the reason this is such a short time even if we are extending it through October 20 is as you will see here, the external review period begins on October 17 and we have external reviewers that are experts in the field and they note that these might be coming a little bit later and obviously the 20th is after the 17th, so they note that if you do plan on using that extension through October 20, please email me to let me know so I can let my team know and we can also let the external reviewers know that they should be expecting more applications. My email is going to be on the last slide here but if not I can put this in the chat later. M Mark Bogosian at Christopher Reeve.org. I want to give a few examples of what these other programs are for those of you who are interested and I know a lot of you may have applied in the past and these -- this is the direct effect as you can see I really talk a whole lot about this but we do offer 25 different project types and they range from adaptive sports to service animal projects -- sorry -- service animal programs, camps, fitness and wellness. It really is open-ended and we hope you will always find a place within their for the work that -- if let's say you are not looking at these very specific rules grants program. Just for the future, if you are interested in the direct program, you know, as I mentioned earlier sports real chairs for wheelchair basketball team some of them -- where senior applicants are coming to us and they've been rewarded for out-of-the-box kinds of program. It's interesting to see those. A workshop, education series on sex and sexuality with a spinal cord. We just funded a second-round of grants for a program that is preventing sexual abuse and adaptive sports which is something a lot of people do not talk about or know about. It's -- although we love our core programs whether it be adaptive sports or horseback riding or camps or kids because once kids have the opportunity to be at a camp and be with other kids with similar -- and similar situations, their entire lives change. And that's really amazing. It's really nice to see some of these other types of programs. What I want to mention that I don't -- I'm kind of not -- I'm not seeing it on here. When you think about hospitals or even doctors offices and examination tables, there's not access for people living with paralysis. A lot of places do not have examination tables. And so that is something that we also are able to fund and I also like to find that because that something of such importance that I think people often forget to think about. On this next slide priority impact tears two through four. What I want to say about this is when he worked with Vanderbilt University and with ACL to determine what this DDTs priority areas should be and these are programs that we feel really are much needed in our community. And as I talked a little bit about earlier the priority impact here is the respite caregiving, the assistive technology, the COVID-19 addressing social isolation and on the next slide our priority impact tier 3 and this is where this new rural uncertainty unserved and underserved populations -- ICI promoted reverse. It is unserved and underserved the racial equity we also have nursing home transition and 4 is the duty on the

the priority impact tier 4 are the employment grants. So I just want to before we kind of end this on this next slide talk a little bit about feedback because I know often people will come to us and say we weren't funded. Can we find out why? Unfortunately, you know, as you all have very similar experience as a federal recipient for cooperative agreement and meant offering grants we have to adhere to the requirements. So we are really unable to comment on tonight applications or even provide any kind of pragmatic direction because otherwise, that is seen to the government as providing unfair advantage to other applicants. So the very last slide is -- says thank you. And I do see that my email is not on here, so I'm going to put that in the chat right now. So as I type, I apologize.

>> I just put my email in the chat for everybody. I know we are a little early, which is great. If there are questions, I would love to hopefully be able to answer them. I will admit, this is the part that makes me the most nervous because unlike I hope I can ask -- answer your questions.

>> Mark, this is Kim Gibson again. I'm an anonymous attendee asked the question can you give examples of how funding has helped with racial equity?

>> Does a really great question. So this is a new pilot program that we are just offering this year. So this is the first time just like this rural unserved is being offered. What we are hoping is that this is going to address some of the systemic issues around racism. What does that look like any grant program? You know, similar to what we shared with you guys for that grants program, you've given a whole bunch of different, you know, examples of what we think is going on but what we really want to hear is what is that going to look like for you on the ground. I am hoping thinking wouldn't it be great if we were able to do projects -- again, I think what may be hard is because we are paralysis focused, we're looking at grants related to paralysis but if we look at grants related to paralysis in certain communities, let's look at victims of gun violence and we know that people that are paralyzed through gun violence tend to be black, tend to be living in very low income areas. Again, not all and I'm not generalizing. I'm just taking data and how can we start to address things like that? So I'm hoping that issues like that and those are very heavy issues. Can we start making a dent in looking at some of these problems and addressing them and not being afraid to even talk about them? I know that -- I know people younger than me. I'm going to say young black men who have been paralyzed through gun violence and afraid -- at times they were afraid to say they were victims of gun violence because of what the perception is. We are hoping these grants -- we are hoping these projects and programs will start to break down those things that we don't address and are afraid to address the conversations we are afraid to have. Even here with rural communities we talk a little bit about the inequalities and health, it's the same in black and Latino communities where we not addressing those issues and especially again when it comes to somebody living with paralysis or other disabilities or mobility issues. What are we doing in those communities and I'm hoping it's not -- I don't -- I'm hoping is not as simple as -- this is what we do. It's not just about access to a playground because there is no playground in the area or -- for miles. That is helping the communities. But I'm really hoping these are going to start this program and these grants and these programs are going to start drilling down into -- trying to uncover and remove those systemic barriers. I hope that answers your question.

>> Okay. The next one is from an anonymous attendee. When you say you can apply for an education grant, what are you referring to?

>> MARK: So education mostly in terms of how it applies to employment. You know, programs that are providing skills, educational skills. You know, whether it be how to use a computer, how to build upon your existing technical skills. So education in terms of providing access or input into job-training is really kind of the piece that I'm looking at.

>> The next question comes from Jenna. Can you talk a little more about the tier 3 grant nursing home transition and what it looks like? Is this for individuals or programs?

>> That's a great question. So the nursing home transition program is also a $30,000 grant program for 18 months. The funds go to organizations to transition people from nursing homes into an independent living situation, whether it be -- whatever the situation of their choices. So the money -- the way that it has worked out in the past is that $40,000 usually transitions only for people. There are other types of programs that do more. It generally is about 10,000 per person to get them into a living environment that is outside of the nursing home. It also -- funds can be used for diversion which is keeping someone from entering a nursing home. In fact, you know, for years, we had targeted this program solely at the sales because of your work and nursing home transition. So it has now been broadened to include other organizations that may do similar work, but it is to transition people out of a nursing home into an independent living situation of their choice.

>> Okay. I'm sorry if you heard a phone ringing. I don't see anybody's hands up, so there is one question in the question and answer from Marianne. With there be funding available to help complete home modifications were people using wheelchairs, walkers, canes, things like lists, kitchen, hallways?

>> MARK: Unfortunately, the answer -- the short answer is no. One of our requirements under ACL is that we are not able to find anything that appears as a gift to an individual, so what that means is we can do loaner ramp programs or any kind of things through a loan closet, and that really worked well when we work with the state AT programs because then they state AD programs to find additional resources to help them later purchase a ramp or would be able to find them a ramp through other services. You know, the answer is no because it would be seen through the government lens as a gift to an individual. However, we can do those kinds of modifications to a community center or let's say Easter Seals has a camp and they want to renovate the bathrooms there or I'm going to say the cabins for kids who are participating. So anything that would be seen as a modification to an individual's home would not, unfortunately, be allowable.

>> The next question, I think you answered it, but just in case. Hank Bostic asks, would building permanent ramps be included? We have volunteers who do the build but pay for the material through donations and grants.

>> MARK: So permanent ramps would not be allowable through this program. For those reasons. But it could be a permanent ramp for a community center or a church or a camp or any other -- anything but something that would be seen by the government as a gift to an individual.

>> A few things. Caylin from Walton options says thank you so much. This was often awesome and then followed back with so for an example, preemployment skills program -- and I do believe that was part of the question.

>> MARK: Yes. Preemployment skills programs are really needed and certainly are on the trajectory of being -- gainful employment and living wage jobs.

>> And then Maria said gotcha. Thanks for answering that question. Might still apply for funding for other programs.

>> MARK: Great. That's really what we wanted to encourage is that we offer two cycles per year, and the direct effect, those are the ones up to $25,000. Those are every two cycles. These priority impact our once a year, and then -- and that's once a year in the fall which we are in right now. And the other expanded impact are in the spring. And I always want to encourage people to apply for various grants, and I hope that what we do -- and if we are not doing that now, it's my goal to make sure that this happens. We are not just providing people with money. We want to provide people with connections. We want to provide people with -- when I say people, I'm really referring to the organizations like all of you guys. We want to be able to provide opportunities for you guys to grow and just improve your program. So I really hope that we will be seen as much more than just a funding source and people will also take advantage of all of the different programs we do offer national process resource Center. It's amazing and there are many veterans that I'm sure all of you don't even know about this program or the pier support program. Family support just really important and I think, to me, I just want to make sure everyone knows about those things as well because I want us to really be able to help in every area. I do encourage, please continue to apply.

>> Okay. I just want to remind people to use the queue and day box. So could the preemployment work for an advocacy academy?

>> MARK: I mean, I would have to know a little bit more about an advocacy academy. So I am going to say that I don't know. I would just need to know little bit more about what an advocacy academy does. But we do have an advocacy tier under the $25,000 direct effect program. And that, of course, can be any kind of advocacy in terms of teaching and knowledge as opposed to any kind of trying to affect legislation as with any kind of advocacy that's not allowed.

>> Okay. Jackie Curtis says Academy is a six week internship that drains you to select an issue that they may want to make changes and for the community and they work towards making that change.

>> MARK: That's really interesting. We have funded a similar camp. The camp is called empower her, and it was a group of young women that gather for summer camp, and while they are there, they learn various skills and then they moved back into their communities and do a project based on what the advocacy skills they learned over the summer. So, just from the very little that you just share, it sounds like it certainly could be a fit. I just saw Abby. I love them.

>> Abby said let's go disability empower her network. I worked with them for two years. We are at the five minute mark.

>> MARK: I am happy. I was so afraid I would be in the middle of slide 4 out of 30 at this point. That's actually really good news. So if there are any more questions, I'm more than happy to answer them. If you guys have any questions, please email me. As I said, our gala is next month but our summit is at the end of this week, so I'm going to be traveling down to D.C. for a few days. So if I don't get back to anybody immediately, I will try my best, but I will be traveling to D.C. and we will be in the middle of our summit for the next few days but please let me know if you're interested in applying or if you have any questions and have been able to answer here. I'm really more than happy to speak with everyone.

>> Thank you, Mark. What a wonderful presentation and Christopher Reed does a lot of great work in the community and nationwide locally and nationally. I would like you guys -- to remind everyone to please take time to complete your evaluation when the webinar closes because that lets us know how we can continue to improve and keep providing -- I forgot -- I am Kim Gibson. I forget to say my name and keep providing training that you find most useful. Thank you all for joining us and we look forward to having you join us -- there are no next sessions but evening activities for both the youth and I do believe a jackpot something. I have it pulled up and I forgot to leave it up. So take a look and joint and hopefully we will see you tomorrow.

>> Youth conference begins at 4:00 p.m. Pacific, 7:00 p.m. Eastern. If you are registered for youth conference, it's time for games and grub. We will play games together and eat dinner together and we hope to see you there and we hope you will all be able to join us tomorrow 9:00 a.m. Pacific to 12:00 p.m. Eastern. Have a great night, everybody.