**Christopher & Dana Reeve Foundation Paralysis Resource Center: Your Source for Information, Services, and Support**

APRIL 19, 2016, 3:00 P.M.

Hi, everybody. This is Tim Fuchs with the National Council on Independent Living. Sorry for the delay. We had an issue with our captioning. That is obviously fixed now and we're up and running and for obvious reasons we didn't want to begin until that was addressed. So thanks for your patience today. It's just a few minutes after the hour. So I want to welcome you all to our latest IL‑NET teleconference. Your source for information services and support. Today's presentation is brought to you by the IH‑NET technical training project for CILs and SILCs, NCIL and APRL in little rock Arkansas. Support for the project is provided by the administration of community living at the U.S. department of health and human services. As always we're recording the call. We will break several times today to answer your questions. There's a few ways you can do that. You can type your question in the chat on the webinar, so you enter your question in the text box underneath the list of attendees and hit enter. You can do that any time during the call. Your questions and comments are always welcome. We will wait for the Q and A breaks to address them. I'm logged on to the full screen CART option that you all may have seen in the confirmation e‑mail. There's a chat feature there and if you prefer to ask your question there, I'll voice it during the breaks. If you're only on the phone today or if you prefer to ask your question by phone, you can hit star‑pound to indicate you have a question and you'll be able to ask your question live on the call. If you're on the webinar today, the PowerPoint is going to display automatically for you. But if you're only on the phone or focused on the CART, you'll want to have it in front of you. It was sent to you in a PDF or plain text version in the confirmation e‑mail. If you don't have that handy for any reason at tim@ncil.org. These slides are going to follow along with us today.

We've got a great presentation team with us today. And I really want to thank them for the time that they've put into this to put together all the different resources, or a summary of the huge wealth of resources that are available through the Christopher and Dana Reeve Foundation. So Bill Cawley is the manager of the peer and family support program at the Reeve Foundation. Maggie Goldberg is vice president of policy and programs at the Reeve Foundation and also product officer for the Paralysis Resource Center. Bernadette Mauro and Donna Valente is the director of the quality of life grants program. So they have all brought pieces of their work and put it together for you today. So thanks to all of you. They've been generous enough here on slide 3 to offer their contact information if you all have questions after the fact. And we'll go over that again at the end of the call.

So the objectives for today, and what you'll learn by the end of the call will be the wide array of free resources, programs, and services available to CILs and their consumers ‑‑ I'm on slide 4 now, sorry. The general demographics of Americans living with paralysis and spinal cord injuries. Next, the resources especially useful for CILs in assisting consumers with community connection, exercise self‑determination, health and well‑being, the benefits of the Paralysis Resource Center's national peer‑to‑peer mentoring and finally grant opportunities that are available to CILs. And with that, that's the beginning of kind of a housekeeping pieces and intro that I wanted to do. To start going over the Reeve Foundation and PRC today, I'm going to turn it over to Maggie Goldberg to get us started. Maggie?

>> Thank you so much for having us and thank you to everyone joining us on the phone today. I'm proud to represent the Christopher and Dana Reeve Paralysis Resource Center and I'm joined by my colleagues who will share a wealth of resources available to all of you. The Christopher and Dana Reeve Foundation, our mission is twofold. Our mission is to fund innovative research to find cures and treatments for spinal cord injury, but also to provide the care for people living with paralysis today in the here and now through grants, information and advocacy. We've been in existence since 1982 when we were founded as a research foundation. We officially became the Christopher Reeve paralysis foundation in 1999 when we merged with the Christopher Reeve Foundation and we brought together the quality of life program with research per the wishes of Christopher and Dana Reeve. I'm now on slide 6. There's a photo at Christopher and Dana Reeve at the opening of the Paralysis Resource Center. We've opened our door and have been serving ever since. We offer information for all types of paralysis not just spinal cord injury. This would be birth condition, disease and disorder as well as the injury. We provide resources to well‑being and determination and we do this through grants programs, resources and a vibrant advocacy and policy program based out of Washington, D.C. I'm now on slide 7.

A couple of years ago we realized that we didn't know exactly how many Americans were living with paralysis. So we decided to find out. And we decided to find out how many people are living with paralysis by defining it through a functional definition. So rather than using the medical model of impairment, our definition is based on the World Health Organization, which is the inability or difficulty of moving arms and/or legs. The next slide will show you how we went about doing this. In 2009 we conducted a surveillance survey of the general population of the United States. We contacted over 33,000 households through random digit dialing examples. And we found out, shockingly, that there were over 5.5 million Americans living with paralysis. That's one in 50 Americans. And the take‑home message really is there were so many more people living with paralysis than anyone appreciated or realized. And as you'll see on the pie chart, the number one cause of paralysis is stroke, followed by spinal cord injury and multiple sclerosis. On the next slide. Of those 5.5 million Americans, 1.2 million are living with spinal cord injuries caused mostly ‑‑ the majority are caused by an accident while working, a motor vehicle accident, a sporting or recreation accident or fall. Now I'm going to turn it over to my colleagues who will go over more details about our services and programs.

>> Hi, this is Bernadette. At the core of the Paralysis Resource Center is our information specialist team. The team provides support. We respond to telephone calls, e‑mails, or in‑person inquiries. We assist individuals through all stages of their life, while they live with paralysis. As well as to their families and caregivers. Our services are multilingual and we have translation services that assist us. A specialist can be reached at an 800 number. 800‑539‑7309 from 9:00 a.m. to 5:00 p.m. eastern time Monday through Friday. Some of the frequently asked questions that we get are I have a newly injured family member. How can I choose a rehab center for them. Other questions may be do you have any written materials or publications that will help me better understand what my family is dealing with. And lastly, there may be a question about clinical trials and how may I become eligible. Next slide, please?

So a key part of the resources for the Paralysis Resource Center is our paralysis resource guide or our PRG. The PRG is available in a hard copy in both English and Spanish and it is available online in English, Spanish and Chinese. You can find the book by going to Christopherreeve.org. Moving forward to living with an active and healthy life with paralysis. It gives information on health management, wellness, travel, tools, technology. And it is available in bulk order and again at no charge. Next slide, please?

The PRC offers an online community. I believe that we've been pretty innovative with some of our outreach. We have nurse Linda, who comes into our community the fourth Wednesday of every month and she discusses topics of health concerns to people living with paralysis. And you can put in a specific question or the discussion may be about a broader topic. This month, which would be next Wednesday, the discussion will be about health maintenance. So nutrition, dieting, exercise. We also have Dr. Dan who lives with a spinal cord injury and is a quadriplegic and he discusses life after paralysis. He writes both a blog as well as an open conversation with individuals as they struggle to move forward or share their successes as they do go forward. In our community there's the ability to introduce yourself, post photos, discuss topics to your personal page. You can join a conversation. You can help somebody else out by something that you've experienced. And give them an answer as to what worked with you. And active community and again two unique resources, an online nurse one time a month as well as Dr. Dan talking about emotional well‑being, also one time a month. Next slide please? The Paralysis Resource Center has a military and veterans program, also known as the MVP. Our program is guided by a council made up of volunteers who have connection to the military program. Many of them are caregivers. Wounded veterans, active duty members, nurse case managers within the VA system. The goal is to help us develop a program to better help individuals with veteran or active duty status obtain resources. We do direct outreach to military treatment facilities, VA medical centers and recently we've joined in partnership with the paralyzed veterans of America to share resources and information and to get materials to their members as well.

We also connect the service men and women, as well as their family members, with our peer and family support program. And we match them with other military and veteran program peer mentors. Next please?

On this slide we have some pictures of our many community outreach program. And for a multicultural outreach program and our goal is to serve diverse communities across the United States. And partner with organizations to improve the quality of life for people living with paralysis as well as their caregivers. Our multicultural outreach program has expanded its focus to include underserved populations, such as people from minority communities, people living in rural areas of the United States, low income families, and the LGBT community. Our goal is to ensure that minority populations can access culturally relevant and translated materials. And we provide interpretation services and we have seven micro sites available in seven different languages. Next please?

The Reeve Foundation has a sponsored speaker initiatives and our speakers present on a wide range of topics including how to thrive after a trauma, dispelling some of the myths about paralysis and disability. Some motivation about moving forward, achieving the best results from your consumer, that would be at a hospital where they may be speaking to occupational therapists, physical therapists and it is an opportunity we believe to change the perspective about living with paralysis. Additionally the military veterans program has an outreach speaker that reaches out to other veterans, as well as civilians and they talk about what was the pivotal point in their life, how they found their direction refocus and then they've gone on to live a very active life. Next please?

The Paralysis Resource Center has a very unique national lending library. I believe it's one of a kind and that we house over 5,000 books, videos, and they're available free for loan. We're a clearinghouse for information on all subjects related to paralysis. We mail information to individuals free of charge and when we send the requested materials, we send a return envelope with the book or the video so that an individual may easily return the loaned material to us. We also utilize inter‑library loans, both statewide as well as nationally. Next please?

One of the crossovers between today's care and tomorrow's cure is our neuro recovery network. It's a clinical research network of rehabilitation centers and community health and wellness facilities. In the picture you'll see Eric LeGrand on supported on the treadmill. They deploy standard eyed evidence‑based activity‑based therapies to promote functional recovery and improve health and quality of life for people living with paralysis. We have 11 different NRN clinical centers across the United States. We have one at Craig Hospital in Denver, Colorado, Kessler Institute in west orange New Jersey, Ohio State University in Columbus, Ohio, shepherd center in Atlanta Georgia, Houston Texas, Toronto Rehabilitation in the Lyndhurst center in Toronto, and the university of Louisville Frazier Rehabilitation. We have the courage center in Minneapolis, Minnesota as well as the Frazier Rehabilitation Institute out of Louisville. Next slide, please? Oh, excuse me. I apologize. I also left off that we have neuro works in south Jordan Utah, next step fitness in lawns Dale, California and next step Chicago and willow springs, Illinois. So we are spread out across the country.

Lastly we have, we found that the Reeve Foundation started with an emphasis towards research. We have a lot of newly injured individuals who are struggling to understand the research and how it applies to them. They may read something in the newspaper and they may get it sent to them ten times by e‑mail. But they're not sure how to understand or interpret the science.

So a member of our community, a family member, wrote a book called "don't call it a miracle" and it covers the basic biology of an injured spinal cord. The approaches scientists are taking to heal, mend or bypass the nervous system and what you can do to speed things along. It additionally gives a very good firsthand perspective. Next please?

>> TIM: All right, thank you Bernadette and Maggie. This brings us to slide 19, our first Q and A break. Let me quickly review the ways that you all can ask questions. You can obviously type them in the chat on the webinar. You can type them in the chat on the streaming text. Or you can press star‑pound if you're on the phone. Just to make clear and while we wait for any questions to come. I mentioned at the beginning of the call we had some problems with the captioning and we did change the URL for the full‑screen CART. Of course there's CART on the webinar, but if you missed that and you or a colleague wanted to use the full‑screen CART it is now at [www.streamtext.net/player?EVENT=ILRU1](file:///D:\Users\Larry\Desktop\www.streamtext.net\player%3fEVENT=ILRU1). Thanks. We've got plenty of time for Q and A. I hope you all will take advantage and we'll give about 30 seconds to see if there are any questions for Bernadette or Maggie. Again you can press star‑pound if you're on the phone or type your question out on the chat. Just a reminder that all of these services that we're talking about today are all free of charge. So I hope you'll take advantage. Just a reminder too of the wealth of knowledge at [www.christopherreeve.org](file:///D:\Users\Larry\Desktop\www.christopherreeve.org). It wasn't until I started planning this call that I realized just how much there is to take advantage of. So check that out. I'll give a few more seconds. If there are no questions during this first Q & A break, that's okay. That's fine too. I know this is fairly preliminary. We'll have more breaks coming up in a little bit. Just give a few more seconds here. I don't see anyone typing and I don't see anyone on the phone. So we'll have another Q and A break on slide 27 and at the end of the call on slide 33. For now I'm going to click to slide 20 and turn it over to Bill to continue. Bill?

>> Thank you. Hello everybody. I am Bill Cawley, the manager of the peer and family support program. Our mission statement is the program is a national peer‑to‑peer mentoring programming that provides resources to people living with paralysis as well as their family members and caregivers. A couple of things I want to add to that and it's important to highlight is that while the program obviously supports people who are living with paralysis, it is also geared and focused towards helping those in the community that provide family members and caregivers as well. They are obviously a vital part of our community. And sometimes underserved and don't receive all the help and support they need as well. Obviously the focus on people living with paralysis is critical for those who care for them as well. We have family members so moms can talk to moms and dads can talk to dads. The other thing to call out the program is this isn't just for folks who are newly injured. There are people who have been living with paralysis five, ten, 15 years. Obviously people who an onset of MS is getting worse. And we want to provide that kind of support as well. There's obviously a lot of support needed when a traumatic event like a spinal cord injury happens. But we're not living your life so we want to provide mentoring for people who have questions if they want to go back to school or back to work. That's an important part of the program that I wanted to highlight as well. Next slide, please?

The goals of the program are many. We want to increase the amount of mentoring that's occurring across the country. We know peer mentoring can benefit people in big ways and we want to make sure people are aware of it and can take advantage of it. We want to provide support and information to people living with paralysis. They are family members and caregivers so they can maintain or regain independence and improve their quality of life. We do provide through the program we provide a training component as well which I'll talk about in a minute that's really to provide a standard eyed baseline of training. Some commonality. All of them bring incredible wealth and knowledge and varied experiences but we wanted to make sure it was a common thread throughout our training and through our volunteers as well. And we also want to connect our peer mentors and our peers to the Paralysis Resource Center that we're focusing on today and the different resources and programs and the way they can help the community. Next slide, please?

Just to give you a sense on some of the numbers. We have over 500 peer mentors in 39 different states. I'm going to jump down a bullet to the number of peer mentor trainings, 57 since the program started close to six years ago. Primarily those trainings, the bulk of them have occurred in the last four years or so. And again, they've been all over the country. A combination of on‑site trainings and virtual trainings which I'll talk about in a minute as well. We have over 3,500 peers. Again those are people who have received mentoring. And we've conducted over 7,000 encounters. And an encounter basically is an interaction between a mentor and a peer. It can be in person, over the phone, via Skype or face time or e‑mails or whatever the peer prefers to do in terms of being able to communicate with their peer mentor. Next slide please.

I mentioned the trainings a little bit. I want to give you a sense on our peer mentor trainings. We have a training an certification process. We ask all our peer mentor candidates, that's how they start, to submit a brief online application. It takes about 5 to 10 minutes. We do attend a day‑long training and we do ask them to, or we ask them to agree to and sign a code of conduct as well as submit to a background check and I'll talk about that for a moment. And the background checks, this is something we pay for, the Reeve Foundation pays for and what we're doing here is trying to vet our mentors a little bit. We want to be sure none of our ‑‑ hello?

>> I heard a big beep and then a tone. Sorry. Back up for a second. So the background checks are conducted on anyone who goes through the training and what we're looking for there are people who might be involved with taking advantage of people in vulnerable positions, stalking, anything like that. We have a number of peer mentors who have DWI's on their records and may have been involved with violence and really for us that's actually a good thing, in terms of the community. As long as it's not an ongoing situation, then it helps us. It's good to have a peer mentor who maybe was unfortunately with a DWI situation but now they can provide that kind of mentoring to someone in that community. So we really have a diversified group of peer mentors and those kind of experiences, while they're difficult, can really add benefit to someone they may be mentoring.

We had a combination of on‑site trainings as well as virtual trains. The virtual trainings are conducted using video conferences and they're great because they provide us a lot of flexibility in terms of when we had to have training. We had to pick spots months in advance now we're able to do them more quickly and be more flexible where we may conduct a training based on a need or community that's very interested. We allow participants to participate through teleconferencing from their home or we often have a group of people maybe at a rehab center and we do training that way. And it really also allowed us to bring people into the trainings who haven't been able to travel to an on‑site maybe or some high‑level quad who maybe can't travel far, now they can participate from home so it's helping us to expand that pool as well. Just to give you a sense of the training curriculum. Really, the most important part of the curriculum is the people that are part of the training. Again, I mentioned we have peer mentors with a varied experiences, life experiences and we really want to draw that out and have them share with the fellow participants, but other topics that we cover are ethics and peer mentoring personal communication along with an introduction to the Reeve Foundation and the Paralysis Resource Center. Some of the things you're hearing about today. Next slide, please?

The peer recruitment referrals. As I mentioned we've spend, as I mentioned earlier, we spent about four years training getting our pool built up, the last couple of years we've been modulating the trainings. Bringing people into the program. We say we take it very pro active approach to promoting peer mentoring. We're not sitting back waiting for people to come to us. We're out there promoting the idea of peer mentoring peer mentoring in the Reeve Foundation and we're not able to visit as much as we like but certainly over the phone contacting if nonprofit organizations other peer mentors and asking them to spread the word as well. Using our own platform to let people know about peer mentoring how they can become a peer mentor and take advantage of the service. Some of the ways people come in to us, the Reeve Foundation information specialist team which Bernadette referenced earlier are a great source for us talking to people all day long and they have a great ear for someone who may benefit from peer mentoring. They may refer over to us. We have staff referrals, we use Reeve Foundation social media to get the word out as well. Partners are something I want to call out because this could be pertinent for you folks on the phone. We reach out to hospital rehab centers, non‑profits, whoever. We're able to offer peer mentoring. We let them know we can do that for them free of charge. We can almost be like a subcontractor for them. If they want to spread the word and let them know that they can offer peer mentoring to their community we can do that without them everything to dedicate resources and staff to do that. We give them a turnkey operation. We also work with organizations and hospitals that have peer mentoring programs in existence. We contact them and see if there isn't ways to copy what they're doing already. Maybe they offer a lot of in‑house in the hospital kind of peer mentoring but not a lot of outpatient peer mentoring. We can help extend their reach depending where they're located or maybe they are interested in our training. So what we would like to say is we would just try and complement whatever that existing program might be doing. If they're already established in the community or are well known and well respected, we don't want to reinvent the wheel. We may have some value to what's being offered so we have a variety of different partnerships based on that kind of strategic thinking. We also, what we call community mentoring. We encourage them to report that as well so that we can tell the true story and the real impact of peer mentoring across the country. Not just the ones we refer to but their ongoing relationships that they may have had for years with when they met through social events and they're continue to mentor other people we encourage them to let them know about that so we can tell the full story of mentoring across the country. Next slide, please.

The peer and peer mentor relationship is a peer‑focused program. It's a private and confidential relationship as well. We leave it to them to determine the topics of discussion, how often they meet with their mentor, how often they communicate over the phone or video chat or whatever they might be. We've never purposely set a criteria or a minimum number of meetings. We really want to let the peer drive what they need and how they need that instead of trying to put limit stations or criteria to it. And in situations of a peer mentor just didn't hit it off with the match we made, they can request a new one we can go ahead and make that happen. I'll talk about that in the next slide. Matching is a critical part of the program and what we do and when we match a peer mentor with a peer. A peer is one who receives mentoring. We make every effort to match by type of injury, gender, approximate age, cause of paralysis. Ethnicity and culture when necessary. In the beginning we were a lot more strict about that. We felt we had to check every single box and we've learned over time that while using this as a general guideline is certainly helpful, there are times when you can see when we talk about additional factors considered hobbies or interests or program coordinators, two of our staff members that are talking to our peers all the time. We may know of someone who is of a different sex but is a great match because of where they live or their interests or something like that. We use the matching criteria as a guideline but we've learned over time it's more about the relationship. And we don't always try and check every box like we used to. Remote mentoring it happens often over the phone. In our community it might as well be three states away sometimes. So remote mentoring is when you're not meeting in person. Next slide, please? Any questions?

>> TIM: Thanks, Bill. Okay. So star‑pound if you have a question on the phone or you can type your questions out in the chat and we'll give some time for you all to do that.

In the meantime, while we're waiting for audience questions, Bill, I was sort of wondering during the last section, what's a good way for centers to find out who might be involved in the program? So if centers are wondering if there's anybody in my community involved as a peer mentor and/or somebody who is involved in the program that might benefit from CIL services. Any good way for centers or for you all to make those connections?

>> Two things. One is the probably the best thing do at this point is contact me directly if you have my contact information. Otherwise you can call in or e‑mail us. And we can easily identify and let you know what peer mentors are in the area certainly at the state level. In terms of an organization or a CIL wanted to contact us, I would encourage you to contact me directly. We would love to hear from you, we would love to talk to you about what you may be currently doing or if you're not mentoring at the moment we can talk to you about how you might build the help and provide that to that community. This audience the best thing is to contact me directly from the earlier slide. You can go through our website and contact us and we'll get back to you. I assure you.

>> TIM: Great. Thanks Bill. Again, star‑pound if you're on the phone. Or you can type your question in the chat. We've got plenty of time. I hope you guys will take advantage. A few more seconds just to make sure we don't skip anybody. We'll have a Q & A break at the end of the call. Just another plug, you can go to the get support link on the Christopher Reeve site to look up their resources. You can also apply there to be a peer mentor if that interests any of you. Okay.

We'll have another Q & A break at the end of the call. For now I'm going to go to slide 28 and turn it over to Donna. Donna?

>> Hi, everyone. Thank you so much for joining. The quality of life grants program was the creation of Dana Reeve who responded to the needs of people living with paralysis, whether spinal cord injury or from another condition where before we were more focused on research, Dana wanted to address the day‑to‑day for people living with paralysis and their families. The quality of life grants program provides funding twice per year, up to $25,000 per grant for programs that promote access, independence, inclusion and community engagement for individuals living with paralysis and their families. Since 1999 when the Christopher Reeve merged, over 2,650 grants have been awarded totalling over $19.6 million in funding. The Reeve Foundation awards function to non‑profit organizations, tribal entities, municipalities and non‑government organizations outside of the United States. We have an online grant process with two cycles per year. The Reeve Foundation can't award grants directly to individuals. So we never want to shut the door on anyone asking for help. So if we receive an inquiry from an individual looking for financial assistance. We will refer them to our information specialist team so that they can help, the team can help identify resources that can be of help to that individual. Some other restrictions that we have are food, we cannot fund food, we new construction of building we can fund building modifications for accessibility but not new construction. Next slide please?

For eligibility requirements, the project or program needs to serve individuals with paralysis and their families as we've described before. The applying organization does not have to specialize in serving with disabilities, but the project does need to have some applicable service for inclusion of people with paralysis and their families. We have had some groups that work with physical sponsors if they don't have an IRS 501C3 status confirmed, but all the CILs will be eligible as non‑profits. I actually got a inquiry yesterday if a Canadian center for independent living. So we do accept applications from outside of the United States. So for grants, for organizations that have received a grant before, we do require that they skip three grant cycles before reapplying. However, if an organization applies and is not funded, they don't need to skip. They can reapply in the next cycle. So for independent living centers, I ran some numbers and found that just for grants to finish for independent living, we funded over 100 totalling over $765,841 just to centers for independent living, and then I found another 45 grants to programs that were not necessarily centers for independent living but provided independent living‑related projects. And that was another over $300,000 worth of funding. So well over $1 million in funding for independent living. In addition, we've also funded home modification, durable medical equipment projects and other projects that would facilitate and further independent living but may not necessarily be classified in our system. So we do a lot of funding for independent living activities. Next slide, please?

So just a little about our application process. It's all online. We have a brand new website, some of the information you'll see on this slide has been updated. So you'll want to go to our website [www.christopherreeve.org](file:///D:\Users\Larry\Desktop\www.christopherreeve.org) and click on get support and you want to click on funding for nonprofits and application process and you'll find a wealth of information that we provide to try to make each application as strong as possible. We have a people‑first language guide that's helpful for, especially for organizations that have that very small staff or are all volunteer basis to help them understand how to write grants for people living with paralysis in a respectful manner. And we also have a quick guide to establishing evaluation indicators. We have a technical assistance webinar that we did last cycle that was posted on the previous website. It will be reposted soon so that that's a good thing to take a look at to help prepare grant applications. Next slide, please?

Some of the funding priorities that we look at generally are, we want to make sure that we're funding projects where people with paralysis and their families are getting the most benefit. So we would much rather fund a project that is higher in a programatic cost than operating cost. Programs for people with paralysis and their families are a higher priority than programs that are just general, for people with disabilities in general, rather than specifically for paralysis. As we're paralysis focused, we need to make sure that every dollar goes towards our mission. Independent living, of course, is a high priority. And I mentioned these before, but independent living, inclusion, community integration, underserved communities, caregivers also is a high priority for us. I wanted to give you a little bit of a sample of some of the types of projects that we have funded at Centers for Independent Living. Some are durable medical equipment loan closets, home modification programs and that includes assessments as well as help with the modifications, vehicle mods and adapted driving programs. Many sports programs. We fund a lot of sports organizations but we have funded quite a few teams that are based at centers for independent living. We funded some projects at Independent Living Center in Berkeley. In particular we have funded in‑language consumer materials. Translation of materials in Spanish and Chinese. We have funded support groups and social groups. Independent living skills training and support to help individuals transition from an institutional setting into a more independent living community situation. We've funded programs such as living well with a disability. Those are some of the kinds of projects that might come from a center for independent living.

We can go to the next slide, please.

And just to give you a bit of the timeline, we have, like I said before, we have two commission cycles per year. We're currently in our first cycle. We're getting ready to meet next week. We have a 4‑stage review process that you can learn about, learn more about at a later date. But we're currently in the first cycle. The next cycle available for submission opens on July 1st. And it has a deadline of August 15th. And those decisions are announced at the end of December. We launched a brand new program ‑‑ actually we have a number of grants that are working wavelength centers for independent living in their state. It's assisted technology innovative, high‑impact innovative grant. So that would be something that is restricted to those programs that are funded through these assistive technology act. But the collaboration with centers for independent living is something that we're really excited about in that effort as well. So there's a lot of information available on the website. If anyone has any questions, please feel free to e‑mail me. If you want to run a project by and see how it may fare as far as priority, please feel free to do that. And that's about it for now for me. For my section.

>> TIM: Excellent. Thanks so much. All right. So here we are on slide 33, our final Q & A session, we have plenty of time left, I hope you all will take advantage especially given the last section, I know that's going to be popular. So if you're on the phone you can press star‑pound or you can type your question in the chat underneath the list of attendees on the webinar or on the CART‑captioning chat if you're logged in there. We'll get more time for you to type your questions or comments in. Again, we've blown through these Q & A breaks so we have plenty of time left and I hope you all will take advantage.

Thanks for the examples on the programs you all funded at centers. That's what I was going to ask. That's really helpful. That's great. And July 1st is right around the corner. That will be here before we know it in terms of conceptualizing and building budgets and putting together partners. That's good timing. While I'm waiting just to see if any questions come in, let me highlight the evaluation form. I normally mentioned this at the beginning of the call. This evaluation link here is live so you want to make sure you hold down the control key before you hit it. The evaluation form is very short, it only takes a moment to fill out. As always I know some of you are participating in small groups, we really do hope that you will respond as an individual so we have everyone's thoughts on the call today. We'll also send you a thank you note tomorrow with the same link as a reminder. So please do fill that out. We really appreciate your feedback.

Okay. I don't see anyone typing. I don't have any interest in keeping anyone if there aren't any questions. I'm surprised, though. Let me just remind you all that all of our presenters were nice enough to offer their contact information on slide 3. And I'll remind you that my e‑mail is very simple it's just tim@ncil.org. Whether you have a question later this afternoon or in four months, don't hesitate to reach out. That's why we're here. We would love to hear from you. So I suppose we'll move ahead to close the call now. Please do reach out if there's anything we can help with. Bernadette, Bill, Donna and Maggie. I want to thank all of you for your time putting together this overview on the resources that you all have through the Christopher and Dana Reeve Foundation and the Paralysis Resource Center. Really excellent and I really appreciate the time you put into that and to presenting today. And to all of you too for taking time out of your day to join us. We appreciate it. So be in touch and with that, that will end today's call. I hope you all have a wonderful afternoon.