REQUEST FOR PROPOSAL
Colorado Lifespan Respite Care Project – Respite Grants

Application Deadline: December 18, 2014 5:00 pm
Anticipated Award Date: January 12, 2015

PURPOSE OF REQUEST:
The Colorado Respite Care Project is seeking applications from qualified nonprofit agencies or governmental entities currently providing respite services in an effort to respond to the respite care needs of Colorado’s family caregivers of individuals with special needs, chronic conditions, older adults, foster families and kinship caregivers. Respite is planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to family caregivers who are caring for that child or adult. Respite care funds shall allow caregivers the opportunity to leave the site where care is provided. Caregivers must be able to truly get a break. Grant applications shall include how the caregiver may receive a break.

Responders to this grant application will demonstrate the capacity to achieve positive outcomes for families in communities through planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult, older adults, foster families and kinship caregivers.

AWARD AMOUNT AND TERM:
Organizations across the state will be awarded funds to support families in need of respite care. Award amounts do not require a local match, but matches that leverage these funds are encouraged. Agencies that receive funds must currently provide respite services. Funds cannot be used for startup costs for a new program or program site. The award amount is expected to range from $5,000 – $20,000 which can be used to assist families. Award amounts will be determined by number of applications and available funds. Selected organizations are required to provide services to families and submit all reporting requirements by May 28, 2015.

ELIGIBILITY:
Any non-profit, tax-exempt organization (including faith-based) or government entity is eligible to apply.

To qualify, the organization at minimum:

- Must be based in and providing services within the state of Colorado
- Must be overseen by a board of directors or governing committee
- Must conduct fingerprint-based background checks on all providers involved with proposed activities utilizing grant funds (staff and volunteer) through CBI or equivalent (checks may be run through local Sheriff’s office)
• Must currently carry privacy insurance policy, or be willing to add policy during grant period
• Must be providing respite services (in-home or out-of-home) to families of children, older adults, adults with special needs, foster families and/or kinship caregivers
• Must be registered on the Colorado Respite Coalition website as a respite provider at the time of application. If organization is not currently registered, please do so at www.coloradorespitecoalition.org.

**SELECTION PROCESS:**
To be eligible for this grant, an organization must currently provide respite services, including but not limited to adult day service, out-of-home, or in-home respite services. Organizations must also be a nonprofit agency or governmental entity. Preference may be given to organizations currently serving populations most in need - e.g. families in crisis, individuals on Medicaid waiting lists or who are experiencing extreme financial hardship, underserved groups including minority populations, rural populations, low-income populations, etc. Please be sure to define how your agency will determine populations most in need in narrative.

All organizations/agencies applying for funds must submit a cover letter with Executive Director’s signature requesting funds and must attach the following documents in order and provide the following information:
• Complete Respite Grant Summary form including: the name, title, and email address of the person who will coordinate the application submission and administer grant funds. Form must be 1 single-spaced page (not included in narrative page count).
• Grant narrative (no more than five double-spaced pages)
• Respite program budget with narrative as needed (please use attached template)
• Proof of nonprofit status
• Current Certificate of Good Standing from the Secretary of State (501c3 organizations only) – must be dated within last 12 months
• Certificate of Insurance including Privacy Insurance Policy or statement that agency will add Policy during grant period
• Policy/procedures that assure staff and volunteer providers complete fingerprint-based background check
• Most recent financial year audited statement, if available, or organization’s 990

Please submit electronic applications in a single PDF with all documents saved in the order listed above.
SUBMISSION INSTRUCTIONS:

- Applications can be submitted via email to Meghan Baskett at: mbaskett@eastersealscolorado.org or sent via postal mail to 5755 West Alameda Avenue, Lakewood, CO, 80226.
- Late applications will not be accepted. Applications must be received by 5:00 pm on December 18, 2014.
- Faxed applications will not be accepted.
- Incomplete or improperly formatted applications will not be considered for funding.
- If you have questions about the submission process or the application, please contact Meghan Baskett at mbaskett@eastersealscolorado.org or 303.233.1666 x 257.
- Frequently asked questions will be posted with answers on www.coloradorespitecoalition.org. Responses will be posted until one week prior to application deadline. Please submit questions to mbaskett@eastersealscolorado.org as early as possible.

GENERAL GRANT TERMS, CONDITIONS AND UNDERSTANDINGS:

- Organizations are required to adhere to the grant guidelines and use funds to only support the respite needs of families through planned and/or emergency respite care measures.
- Funds from this grant may not be expended in any other way.
- Grant funds shall be used for expansion of current services and not funding of entire program or program expansion.
- Grant funds shall be used to provide services for Colorado residents only.
- No food costs shall be included in the grant budget.
- Indirect costs shall not exceed 12% of total grant budget.
- Programs shall not be funded 100% with grant moneys. No more than 50% of full program of participant costs shall be funded.
- Reporting requirements must be met fully and in a timely manner.
- Grant recipients will receive half of the amount of funding upon notification of award.
  The remaining funds will be distributed upon completion of respite services and receipt of reporting requirements.

REPORTING REQUIREMENTS:

Applicants are required to:

- Register as providers on the Colorado Respite Coalition (CRC) website – www.coloradorespitecoalition.org. The Colorado Respite Coalition is an allied group of families and community partners who have joined together to strengthen and preserve Colorado families who have adults/children with special health care needs by supporting
current respite options and facilitating the development of new safe, affordable, interactive, stimulating respite options. Currently, the CRC is in the process of expanding its website as well as developing a respite registry that will prove to be a valuable resource for families in the near future. Provider registration is free and will only take a few minutes.

- Complete and submit Data Collection form demonstrating use of funds (to be provided at time of award) for each respite recipient. Additionally, the grantee will work with all families receiving funding to conduct an online survey. The survey will be provided to each organization upon award notification by the Colorado Respite Care Project.

**REQUIRED NOTIFICATION AND TERMINATION:**
Organizations are required to provide the Colorado Respite Care Project with immediate written notification of: a) any changes in organization’s tax exempt status; b) inability to expend the grant funds for the purpose described in the request for application; or c) any expenditure from this grant made for any purpose other than those for which the grant was intended.

Except as provided below, this agreement shall terminate on May 28, 2015 or the date agency provides final reporting requirements. Should awarded organization or the Colorado Respite Care Project wish to terminate this Agreement for any reason prior to the completion of the contract period, any party may terminate without a loss, cost or penalty upon providing a 30-day notice in writing to the other parties.

If funds are not fully distributed by deadline or distributed for any other use, or if reporting requirements are not properly met, or the agreement terminates early, organization may be responsible for repayment of funds to the Colorado Respite Care Project’s fiscal agent, Easter Seals Colorado.

**REASONABLE ACCESS FOR EVALUATION:**
Organizations will permit representatives from the Colorado Respite Care Project, at their request, to have reasonable access to any data related to caregivers that organization may be documenting and verification of respite care programs as it deems necessary or appropriate concerning this grant award.

* The Colorado Respite Care Project reserves the right to require a total or partial refund of any of the grant funds if, in the Project’s judgment, organization has not fully complied with the terms and conditions of the grant.
Colorado Respite Care Project
Respite Grant Summary

Name of Organization: ____________________________________________________

Executive Director: _______________________________________________________

Name of Respite Program: _________________________________________________

Grant Application Contact (include name, title, phone, address, and email):

________________________________________________________________________

________________________________________________________________________

The questions below should be answered only for the program applying for funds.

Amount of Request

What percent of your total program budget does your request equal?

What is the population being served? (ages and special needs) ________________________________

How many families does agency anticipate serving with requested respite funds?

How many hours of respite will you provide?

What is the program cost of one hour of respite care?

What is the administrative cost (percentage of budget) for your respite program?

What is the staff to participant ratio?

Approximately how many clients are currently on respite waitlist?

What geographic area does respite program serve?*

*Three additional points will be given to organizations serving rural counties (as determined by the attached Colorado Department of Public Health and Environment map)
GRANT NARRATIVE & SELECTION CRITERION

Please address all questions in your responses. Please limit narrative to 5 double-spaced pages. Please use 12 point font and 1” margins.

Q1: Please explain organization’s mission and vision. Also describe the population(s) your organization serves by age group and type of need. (i.e. – children 0-18 with developmental disabilities) - 5 points

- Organization’s mission and vision
- Target population? (children vs. adults vs. older adults, condition specific, etc.)
- Counties/ Areas/ Regions served agency-wide?
- How many families are served?

Tip: Include how organization’s mission and vision relate to respite program.

Q2: Please describe your organization’s current in-home or center-based respite services for which you are applying for funding. - 20 points

- Is respite care a priority for the organization?
- What is the average number of hours provided monthly and number of people served by the program applying for funds? If applying for multiple programs, please break out numbers accordingly.
- What is the primary funding of the program applying for funds?
- What are the general staff provider qualifications?
- Frequency of the program / respite services?
- Is primary caregiver(s) present when respite is given?

Tip: Respond to all parts in detail. Discuss the importance of respite program to organization.

Q3: How will your organization utilize this grant if awarded? - 15 points

- How will you determine the clients most in need of this award?
- How will the proposed activities impact and relieve the caregiver(s)?
- Will the funds be used toward a program or individual families?
- Are respite services operational in rural areas?
- Please explain how any other funds will be used to leverage the award.

Tip: Be detailed in discussion of proposed activities and how agency will determine clients most in need. Also discuss how caregiver will receive a break and how program will benefit families.
Q4: Describe the goals and expected outcomes for the program from this financial award. Please use a minimum of two measurable outcomes. – 15 points

- Description of expected outcomes from this financial award.
- Description of respite program’s measurable outcomes from prior year.
- How does the organization measure respite outcomes?

*Tip: Please use measurable outcomes, and not outputs. For example, please do not just list number of anticipated hours provided (output).*

Q5: What is your program’s relationship with the community? – 5 points

- Describe partnerships with other organizations.
- Explain role of volunteers within respite program.

*Tip: Include how your program leverages resources within the community.*

Q6: Budget Template and Narrative – 20 points

- Is budget form and narrative complete, accurate and balanced?
- Are expenses broken into appropriate line items and listed in detail?
- Are indirect costs equal to or less than 12%?
- Are leveraged/in-kind funds shown on budget?

*Tip: Use budget template and clearly break out annual program expenses and proposed grant costs.*

**Bonus Points: Individuals served live in rural county (as determined by the attached The State Office of Rural Health rural county map). – 3 points**
Please use annual respite program budget.

Grant Funds Requested

Please be detailed.

<table>
<thead>
<tr>
<th>Total Program Revenue</th>
<th>$26,475</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Program Cost</td>
<td>$30,880</td>
</tr>
<tr>
<td>In-Kind/Leveraged Funds</td>
<td>$5,400</td>
</tr>
<tr>
<td>Requested Funds</td>
<td>$4,405</td>
</tr>
</tbody>
</table>

Indirect costs cannot exceed 12%.

### REVENUE

<table>
<thead>
<tr>
<th>Dollar Amount</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>$10,200</td>
</tr>
<tr>
<td>Corporate</td>
<td></td>
</tr>
<tr>
<td>Donated Goods &amp; Services</td>
<td>$5,400</td>
</tr>
<tr>
<td>Government</td>
<td>$10,875</td>
</tr>
<tr>
<td>Foundations</td>
<td></td>
</tr>
<tr>
<td>Non-Government Fees &amp; Services</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL REVENUE: $26,475

### EXPENSE

<table>
<thead>
<tr>
<th>Compensation</th>
<th>Dollar Amount</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Wages</td>
<td>$20,000</td>
<td>One part time coordinator (20 hours/week)</td>
</tr>
<tr>
<td>Benefits</td>
<td>$1,600</td>
<td>Coordinator benefits</td>
</tr>
<tr>
<td>Taxes</td>
<td>$1,530</td>
<td>Coordinator taxes</td>
</tr>
<tr>
<td>Total Compensation</td>
<td>$23,130</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL EXPENSE: $26,475

### Other Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Dollar Amount</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>$1,600</td>
<td>Arts and crafts, office supplies, games</td>
</tr>
<tr>
<td>Occupancy</td>
<td>$3,000</td>
<td>Space rented at $250/month</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>$6,825</td>
<td>Fingerprinting fees at $15 for 15 staff and volunteer providers; IT support at $100/month; 30 volunteers @</td>
</tr>
<tr>
<td>Telephone</td>
<td>$480</td>
<td>Cell phone at $40/month for 12 months</td>
</tr>
<tr>
<td>Insurance</td>
<td>$115</td>
<td>Annual insurance allocation</td>
</tr>
</tbody>
</table>

$3,600

Sample Respite Budget.xlsx
<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel &amp; Transportation</td>
<td>$480</td>
</tr>
<tr>
<td><strong>Estimated mileage of $40/month ($0.40 per mile) for 12 months</strong></td>
<td><strong>$80 (200 miles at $0.40)</strong></td>
</tr>
<tr>
<td>Postage &amp; Shipping</td>
<td>$50</td>
</tr>
<tr>
<td>Brochure mailing</td>
<td></td>
</tr>
<tr>
<td>Printing &amp; Advertising</td>
<td>$400</td>
</tr>
<tr>
<td>Printing of volunteer training manuals, respite schedules</td>
<td></td>
</tr>
<tr>
<td>Misc.</td>
<td>$200</td>
</tr>
<tr>
<td>Survey Monkey annual fee for family surveys</td>
<td></td>
</tr>
<tr>
<td>Total Other Expenses:</td>
<td>$13,150</td>
</tr>
<tr>
<td>Survey Monkey annual fee for family surveys</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE/REQUEST</strong></td>
<td><strong>$30,880</strong></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE/REQUEST</strong></td>
<td><strong>$4,405</strong></td>
</tr>
</tbody>
</table>

*SAMPLE Professional Fees Line Item includes $5,400 of in-kind fees as well as other fees incurred and paid by the program (i.e. fingerprinting costs). Please document in-kind expenses in appropriate line item.*
The definition of rural and frontier varies depending on the project or policy. One commonly used definition is published by the Office of Management and Budget (OMB) using statistics from the US Census Bureau. The Colorado Rural Health Center generally assumes the OMB's definition by classifying counties that do not include a city of 50,000 people or more as rural, and classifying frontier counties as those counties with a population density less than or equal to six persons per square mile.