



2026-27 State Respite Grant Request for Proposals (RFP)

Funds for Agencies Currently Providing Respite Services

General Information

Important Grant Dates

- RFP Release Date: June 1, 2026
- Applications Due: June 30, 2026
- Award Notification Date: TBD August 2026
- Grant Period: September 1, 2026 - May 31, 2027
- Grant Documentation & Reporting Due: June 11, 2027

Purpose of Request

To respond to the growing respite care needs of Colorado's family caregivers, The Colorado Respite Coalition (CRC), a program of Easterseals Colorado, is seeking applications from qualified entities currently providing respite services. Respite care provides family caregivers with a break from caregiving. Respite care can be provided in a home, at a center, or in the community. The key is that the caregiver must have the opportunity to leave, take time for themselves, and know their loved one is being cared for. This grant program supports services across the lifespan and health and disability spectrums and serves the entire state of Colorado.

This grant program is funded through Colorado State General Funds and is managed by CRC and the Colorado Department of Human Services, State Unit of Aging. The intent of these funds is to increase access to respite care options for family caregivers and to help agencies build the capacity to provide additional services. **All funds are specified to be used to support families as a Payer of Last Resort** (i.e., families who do not actively receive respite allocations through Medicaid waivers or other funds). Grant applicants must define how your agency will determine the populations most in need within its application.

Special Note: CRC also offers a separate Family Respite Voucher Program, where families can apply directly for financial assistance for respite services. Please contact us for further information.

Agencies can participate in both the voucher and grant programs but cannot serve the same families simultaneously using both funding sources. If you have questions about this, please contact crcinfo@eastersealscolorado.org.



Applicant Eligibility

For-profits, nonprofits, tax-exempt organizations (including faith-based), and government entities are eligible to apply.

To qualify, the organization must:

- Be based in and provide services in the state of Colorado, to Colorado families.
- Be currently providing respite services including but not limited to adult day service, out-of-home, or in-home respite services to families of children or adults with special needs, foster families, and/or kinship caregivers. **New programs are not eligible for funding.**
- Comply with C.R.S. § 18-6.5-107 which requires fingerprint-based background checks to be completed on all providers (staff and volunteers). All background checks must be completed and reviewed by the grantee before services can be provided.
- Comply with C.R.S. § 26-3.1-111, which requires certain employers to obtain a CAPS check to determine if a person who will provide direct care to an at-risk adult is substantiated in a case of mistreatment of an at-risk adult.
- Carry General Liability, Automobile Liability, and Protected Health Information Insurance policies or add policy during the grant period. Easterseals Colorado must review and verify prior to service provision.
- Understand that funds are specified to provide respite services at low or no cost to families. If the agency plans to charge any amount to families, that amount must first be approved by Easterseals Colorado staff.
- Agree that funds cannot under any circumstances be used for food or beverage or capital expenditures.
- Utilize grant funds to support access to respite services. Indirect costs must not exceed 13% of the total amount requested.

Please ensure your organization meets all of the requirements above prior to submitting an application. There are no exceptions.

Award Amount & Term

The organization/agency will be awarded funds to support families in need of respite care. The organization/agency is not required to provide a match or in-kind donations, but it is encouraged to leverage these funds to secure additional funding, when possible.

- The anticipated award range is \$10,000 - \$25,000.
- Grant Term is September 1, 2026 – May 31, 2027. Services must be provided by May 31, 2027.



Scoring: Applications will be scored based on the point values listed within the application narrative, including how well agencies answer questions in the narrative, completion of the application, and adherence to grant program parameters. The grant review committee is selected by a statewide coalition of entities that focus on the needs of caregivers of at-risk persons.

Grant Reporting: Grantees will execute a contract with Easterseals Colorado and must meet the outcomes determined in the grantee proposal. Grantees must evaluate determined outcomes, through surveys or other methods, and report results to Easterseals Colorado. Grantees will complete a data collection form outlining hours of service provided to each family and administer the Easterseals Colorado caregiver survey to each family served. These items will be sent with the grant contract upon award notification. **All reporting will be due on June 11, 2027.**

Payment: IMPORTANT: This grant is given on a reimbursement basis only. Monthly billing is required as of September 1, 2026. We will also accept quarterly billing in certain circumstances. CRC will reimburse your organization through ACH, so you will have to provide direct deposit details upon signing the grant agreement.

How to Apply

- Apply online at <https://eastersealscolorado.submittable.com/submit>.
- We have prepared an "Application Template" downloadable word document to assist you in drafting your application and ease the application process. [Download Application Template here](#). We have also provided a Budget Template this year. [Download the Budget Template here](#).
- Late and/or incomplete applications will not be considered. The grant review committee reserves the right to deem an application ineligible if it does not include all the required documents or does not follow the required formatting.
- Please follow the [Application Checklist](#) on the next page
- All the following items must be submitted online only by June 30, 2026 @ 11:59 pm.

If you have questions about the submission process or the application, please contact CRC at crcinfo@eastersealscolorado.org or 303-233-1666 x 8 as early as possible in the application process. Frequently asked questions are posted on www.coloradospitecoalition.org/our-programs/grant-opportunities.

Thank you for your time and effort in completing this application.



Application Checklist

Use this checklist to ensure that you have all the elements of the application. Use the [Application Template](#) provided to prepare your application before submitting online.

- Answers to [Application Questions 1-25](#) (included on online application)
- 1-Page Cover letter signed by the Executive Director or another authorized signatory. Include the purpose of the grant request and a brief description of the respite program (uploaded as a PDF or Word Document)
- 5-Page (double-spaced) Grant Application Narrative Response (uploaded as a PDF or word document). [Skip down to the grant narrative questions.](#)
- Respite Program Budget - [Use the budget template provided here.](#)
- Current Agency Budget
- Proof of Nonprofit Status if applicable (501(c)3 Letter)
- Most Recent Form 990 or IRS Determination Letter
- W-9
- Certificate of Good Standing from the Colorado Secretary of State (this requirement is for nongovernmental agencies only)
- Certificates of Insurance for the following: General Liability, Automobile Liability, and Protected Health Information Insurance OR written statement that your agency will add these insurance policies during the grant period.
- Signed policy and procedure statement that assures staff providers supporting this grant complete the fingerprint-based background checks and CAPS background checks. [Skip down to the attestation.](#)

Application Questions 1-25

Use this template to gather the information needed to complete the online application. Once you are ready, you will copy and paste your responses into the online application.

The questions below should be answered for the whole agency/organization.

1. Organization or Agency name:
2. Organization or Agency address:
3. Organization or Agency website:
4. Executive Director name:
5. Executive Director phone:
6. Executive Director email:
7. Respite Program Name:



8. Grant Application Contact Name (*Note: the grant application contact is the person who will be managing communication with Colorado Respite Coalition during the grant application, award notification, and reporting processes*):
9. Grant Application Contact Title:
10. Grant Application Contact Phone:
11. Grant Application Contact Email:
12. Program Administrator Contact Name (*Note: the program administrator contact is the person in charge of managing or administering the program funded by this grant. This is also the person who will be responsible for invoicing CRC for grant reimbursements. If this is the same person as the grant application contact, please leave this and the next three questions blank.*)
13. Program Administrator Contact Title:
14. Program Administrator Contact Phone Number:
15. Program Administrator Contact Email:
16. Agency-wide, how many individuals do you serve annually?

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

1. Amount of Grant Request:
2. If we cannot grant your full request, will you accept a partial award (minimum of \$10,000)?
3. What percent of your total **program budget** does your grant request equal?
4. How many families does your agency anticipate serving with the requested funds?
5. Of the families you anticipate serving, about how many will be new families?
6. Approximately how many hours of respite will you provide with the requested funds?
7. What is the staff-to-participant ratio?
8. Does your program currently have a waitlist?
9. If yes, how many families are on it?

Grant Narrative Questions

Limit your responses to narrative questions 1-7 to five double-spaced pages. When you are done drafting, you may delete the text of the questions and just keep the labels "Question 1," "Question 2," etc. to save space. Include page numbers!

Question 1: About your organization and the population served (5 Points)

- *Please explain the organization's mission and vision.*
- *Describe the population(s) served by age group, type of need/condition, and geographic location.*



Question 2: About your organization's current in-home or center-based respite services (10 points)

- *How long has the respite program been in existence?*
- *What are the general staff provider qualifications?*
- *What is the frequency of the program/respite services?*
- *Describe the benefit to the caregivers of the clients. What type of relief/break do your services provide?*
- *Describe the current funding of this program.*

Question 3: About how the grant will be used (40 points)

- *In detail, how will funds be used to support respite services?*
- *How will clients be selected for services? How will you determine which clients are in most need? Will prioritization be given to caregivers with no other means of respite options?*
- *What adaptations have been made or will be made to provide services safely in the event of a public health emergency?*
- *If your proposal requests funds for multiple programs, all programs must be described.*

Question 4: Objectives and expected outcomes (30 points)

- *What is your primary objective for this grant?*
- *How does the organization specifically measure the respite outcomes?*
- *Description of at least two measurable outcomes from this financial award. (More than two outcomes are welcome)*
 - *For example, 88% of caregivers will report a reduction in stress as a result of respite provided through the grant, as measured by the organization's own survey.*

Question 5: Your organization's relationship with the community (5 points)

- *What is your organization's relationship with the community?*
- *Does your organization partner with other organizations to deliver services?*
- *Does your organization utilize community volunteers?*
- *How will you provide outreach within the community to reach families in need of respite services?*
- *How does your organization get feedback and input from the community?*

Question 6: Budget Narrative (budget and budget narrative together are 10 points)

- *Please describe the anticipated costs of this grant.*
- *Please explain any unusual costs.*

Question 7: Bonus points for rural counties (5 points)

Programs serving families who live in a frontier county, rural county or rural part of a county



(as determined by the [State Office of Rural Health rural county map](#)) are eligible for 5 bonus points.

Frontier county: A county that has a population density of 6 or fewer residents per square mile.

Frontier counties of Colorado: Baca, Bent, Cheyenne, Conejos, Costilla, Custer, Dolores, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Moffat, Rio Blanco, Saguache, San Juan, San Miguel, Sedgewick, Washington, Yuma

Rural county: An outlying or non-metropolitan county that does not contain a population from an urban area of 50,000 or more people.

Rural counties of Colorado: Alamosa, Archuleta, Chaffee, Clear Creek, Crowley, Delta, Eagle, Elbert, Fremont, Garfield, Gilpin, Grand, Lake, Logan, La Plata, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Rio Grande, Routt, Summit, Teller

- *Please indicate which counties you serve in and explain whether you are eligible for these bonus points.*

Budget Specifications & Template

Please be very detailed (i.e., If including staff, list the number of staff, positions, rate, number of hours, etc.) Applicants must use the budget template or have the budget approved prior to submission. Applicants must also submit a complete annual organizational budget separately. Food & beverage are not eligible expenses.

[Link to budget template here.](#)

Attestation of Compliance with Background Checks and CAPS

You will need to have an agency representative sign this attestation as part of the online application. Here is the attestation itself:

By checking this box, I attest that my agency is in compliance with C.R.S. § 26-3.1-111, which requires certain employers to obtain a CAPS check to determine if a person who will provide direct care to an at-risk adult is substantiated in a case of mistreatment of an at-risk adult. The full list of employers required to obtain CAPS checks are listed at C.R.S. § 26-3.1-111.

By checking this box, I attest that my agency is in compliance with C.R.S. § 18-6.5-107, which requires state-funded contracting agencies that employ persons to serve in positions that involve direct contact with vulnerable persons in the homes and residences of such vulnerable persons, to complete fingerprint-based criminal history record check of such employees through



the Colorado Bureau of Investigation (CBI) or another background check system that provides information at the same level of detail or higher than the CBI records check.

By checking this box, I attest that my agency requires that any employees, volunteers, or contractors responsible for transporting clients possess a valid Colorado driver's license and have not had any alcohol or other substance-related driving offenses within the past three years, or two or more convictions or chargeable accidents within the past two years.