



## **Request for Applications (RFA) Community Mini-Grant Funding Application Packet**

### **New York State Caregiving and Respite Coalition Volunteer Respite Programs**

Issue Date: May 25, 2018

Completed applications must be sent by email by 5:00 pm on

**June 25, 2018**

[dgreen@lifespan-roch.org](mailto:dgreen@lifespan-roch.org)

#### **Application Questions**

Questions about this RFA must be submitted via e-mail to **Doris Green** at [dgreen@lifespan-roch.org](mailto:dgreen@lifespan-roch.org) no later than 5:00 pm on 6/15/18. No telephone calls will be accepted. All questions with answers will be posted on the NYSCRC website by 5:00 pm on Friday, 6/15/18.

Mini-grant funding made available through the Lifespan Respite Program Grant initiative awarded to the NYS Office for the Aging by the Administration for Community Living, Grant # 90LRLI0012-01-00.

## **Introduction**

This Request for Applications (RFA) opportunity is being offered through the New York State Caregiving and Respite Coalition (NYSCRC), hosted by Lifespan of Greater Rochester Inc. (Lifespan), who will administer the RFA. The purpose is to provide the opportunity for the development and/or expansion of Volunteer Respite programs across New York State. This RFA offering is part of the New York State Office for the Aging's Lifespan Respite grant initiative funded under Grant # 90LRLI0012-01-00, awarded from the Administration for Community Living (ACL).

## **Qualified Applicants are encouraged to apply**

This RFA opportunity is open to local and/or regional agencies (e.g., offices for the aging, departments of social services, offices of mental health, developmental disabilities organizations, not-for-profit local and/or regional agencies, and faith-based organizations) located in New York State serving caregivers with care recipients of any age living in New York State.

Applicants must adhere to standard assurances:

1. Services must be made available to eligible individuals without regard to race, color, religion, gender, national origin, partisan affiliation, or sexual orientation (even if your organization operates primarily to serve a particular ethnic, religious, or other specific population or special interest group).
2. Services must be provided to eligible individuals, subject to the availability of funding. This does not preclude a contractor from establishing uniformly applied, non-discriminatory service eligibility criteria or prioritizing the provision of services based on a standardized determination of needs, subject to the State's approval.
3. Services provided must be secular in nature and in no event, shall funds be used for religious/sectarian purposes or activities or to benefit a religious institution.

## **Developing or Expanding Volunteer Respite Programs - Community Mini-Grants**

Family caregivers provide extraordinary care to their loved ones. We know, however, that they need a break to manage their own health and wellness, run errands, and get a break from their caregiving responsibilities. This RFA is being issued to encourage submission of applications to develop or expand innovative, local or regional community volunteer respite programs for caregivers and their care recipients.

Applicants may specify whether the program will be open to all individuals or whether the program will be tailored to a particular age or disability group it intends to serve through the development or expansion of a Volunteer Respite Program. Applicants must demonstrate an ability to have a volunteer respite program with a target of at least 10 volunteers, and demonstrate a commitment to serve a minimum of 25 caregivers during the program period. Applications must be for community-based respite programs; overnight respite and institutionally-based respite are not eligible for this funding. (Please note: Background checks will be required for all volunteers of respite programs funded through this RFA, e.g. checked

against the internet based registries: National Sex Offender Public Website (NSOPW) and New York State Unified Court System.)

As part of the Lifespan Respite Initiative, NYSCRC is offering up to 2-4 mini-grants. Each award will be available for up to \$2,500 - \$5,000.

All mini-grant awards are dependent on funding being made available through the New York State Office for the Aging for this purpose.

### **Requirements for Proposals**

**Eligibility:** The following organizations are eligible to apply for funding:  
Local and/or regional agencies (e.g., offices for the aging, departments of social services, offices of mental health, developmental disabilities organizations, not-for-profit local and/or regional agencies, and faith-based organizations) located in New York State serving caregivers with care recipients of any age living in New York State. Organizations using REST will be given first consideration. Funds may be used to participate in Train the Trainer workshops which must be at least scheduled prior to 8/31/18 for future training.

**Format:** Applications may be single-spaced. Please use one-inch margins and 12-point Arial type.

### **Application - Must include the following:**

**Part 1: Completion of Narrative Section: (see attached)**

**Part II: Completion of the Work Plan (Template provided):** For each objective you identified, describe the measurable outcome(s), outline the key tasks, staff, and timetable for implementation and completion.

**Part III: Budget: (Template provided):** Submit a simple budget including amount applicant is applying for. Budgets may not exceed the amount of the award unless the budget reflects additional program income and the source of that income. Grant funds may not be used to supplant existing funding for such services. **Please note: There is no match requirement.**

### **Timeframe**

Successful applicants will be notified by June 29, 2018 by e-mail. Activities should be scheduled to take place between 7/1/18 – 08/31/18 to be covered by this Mini-Grant. We recognize that this is a very time limited opportunity. Funds must be vouchered by 8/31/18.

### **Selection Process**

A selection committee knowledgeable in the field of caregiving and respite programs and services will review and score applications. Lifespan Respite Advisory Committee, Lifespan of Greater Rochester program and/or budget staff, NYSCRC staff and NYSOFA staff may be part of the review and scoring process.

The following criteria will be used to score proposals:  
Applications will be scored based on the following criteria:

- Clearly meets the stated goal of developing and/or expanding a volunteer respite program.
- Clearly identifies a community gap and how it is being addressed through the program.
- Work Plan aligns with stated program objectives.
- Budget aligns with stated program objectives.

### **Application Process**

**Complete applications must be submitted by e-mail to Doris Green at [dgreen@lifespan-roch.org](mailto:dgreen@lifespan-roch.org) by 5:00 pm on 06/29/18, in order to be considered.**

### **For Successful Applicants, the Reporting Requirements:**

- Participation in project evaluation.
- A Final Report and invoice will be submitted to NYSCRC by September 15, 2018.

**NEW YORK STATE CAREGIVING AND RESPITE COALITION  
MINI-GRANT REQUEST**

Completed applications must be sent by email by 5:00 pm on

**June 29, 2018**

[dgreen@lifespan-roch.org](mailto:dgreen@lifespan-roch.org)

**Community Mini-Grant Funding Application Packet: Volunteer Respite  
COVER PAGE**

Name of Organization: \_\_\_\_\_

Name and Title of Person completing application: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of organization (please check):

\_\_\_\_\_ local government

\_\_\_\_\_ non-profit

\_\_\_\_\_ faith based organization

\_\_\_\_\_ other – please specify \_\_\_\_\_

Project Name: \_\_\_\_\_

**Community Mini-Grant Funding Application Packet: Volunteer Respite:  
PROJECT NARRATIVE**

*Three-page limit*

***Include the following in your project narrative:***

- **Project Overview:**
  - Identify the population to be served.
  - Identify the intended service area for the project.
  - Describe the respite project, including how the funds will be used.
  - Describe the staff who will manage the respite project, including their experience with caregiving and respite services.
  - Describe agency's demonstrated experience in caregiving and respite services.
  - Describe demonstrated experience in managing volunteers.
  - Describe the benefits of your proposal. You may include how it will improve the access to respite services in your county or area to the population to be served, anticipated numbers to be served, and type(s) of services you will offer through your program.
  - Describe your volunteer recruitment approaches. Include outreach to be conducted and how you anticipate successfully recruiting the anticipated number of volunteers.
  - Describe how background checks of volunteers will be conducted.
  - Describe any partnerships or collaborations involved in implementing the project.
  - If appropriate, describe how you would plan to continue the program following the period of funding.
- **Evaluation:**
  - Applicants must agree to participate in the project evaluation being conducted for this RFA, including the use of any required surveys, reports, and/or other evaluation techniques being used by the project evaluator.

**Community Mini-Grant Funding Application Packet:  
WORK PLAN TEMPLATE**

---

Agency: \_\_\_\_\_

Program  
Name: \_\_\_\_\_

Contract     7/1/18 - 8/31/18  
Period:

**Contact Information for Contractor's designee to receive notice:**

Name:  
Address:  
Telephone Number:  
E-mail Address:

**PROGRAM:**  
**Program Period: 7/1/18 to 8/31/18**

Objective	Key Tasks	Staff	Timetable
Establish or expand innovative, local or regional community volunteer respite programs for caregivers and care recipients.			

## Community Mini-Grant Funding Application Packet:

### BUDGET TEMPLATE

Agency: \_\_\_\_\_

Program  
Name: \_\_\_\_\_

Contract     7/1/18 - 8/31/18  
Period: \_\_\_\_\_

***Note: Mini-grant budgets must not exceed \$5,000***

Budget Category	Administration	Services Costs	Total Costs
1. Personnel	\$	\$	\$
2. Fringe Benefits			
3. Equipment			
4. Travel			
5. Maintenance & Operations			
6. Other Expenses			
7. Subcontractors/Consultants			
8. Total Budget (sum of Lines 1 - 7)			
9. Less: Program Income/Contributions	\$	\$	\$
10. State Funds Requested (Line 9 minus Line 10)	\$	\$	\$