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State of South Carolina
Department on Aging

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Alzheimer's Resource Coordination Center

(ARCC)

2021-2022 Grant Application

Agency Name: _____ **Federal ID:** _____

Address: _____ **Phone Number:** _____

Location: Choose an item.   Rural   Urban   Suburban   Small Community

Counties Served:

_____

Proposal: _____   Service Type: _____

Contact Information

Program Manager: _____

Email: _____

Attach Resume

Financial Signatory Authority:

Email: _____

Attach Resume

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Organizational Description: Describe your organizational activities. All organizations must justify and document how they currently provide or plan to provide effective respite or educational services to people with Alzheimer's and their families. For an existing program, describe your past success. If your organization is new, provide information that your organization is structured and well organized in both fiscal and programmatic areas.

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Problem Definition: Describe the problem exactly as it exist in your particular community. The problem definition identifies the nature and magnitude of the specific problem that you wish to address through the proposed program. Document any statements with valid, updated statistical data, where available.

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Proposed Program: If educational program, include target audience, number of programs, topics covered, location of program, format, time schedule and credentials and experience of trainers, as well as projected number of persons to be reached by the educational program. For all respite programs, please include the number of unduplicated clients you propose to serve, a weekly schedule to include the number of days and hours per day the program will operate, the admission and discharge criteria you will be using, a description of activities you propose, and a proposed training plan for staff and volunteers. Additionally, provide the maximum number of participants that can be served daily as well as the projected total number of participants to be served in the grant year. If in-home respite, include plans for screening staff who will be providing care in the home.

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Describe staff and resources of sponsoring organization that can be made available to the program:

_____

Project Objectives: Objectives are specific, quantified statements of expected results of the project. The objective must be described in terms of measurable events that can be realistically expected under time constraints and resources. Objectives must be related to the "Problem Definition" section. They should describe who would do what by when and list the number of clients to be served. Provide no more than three objectives.

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Performance Indicators: Based upon your measurable objectives, state exactly how each objective will be measured. Performance indicators should be matched to your specific Project Objectives. Performance Indicators are activities that evaluate and document your program as to whether each activity was successful.

Plans for outreach and recruitment of participants:

Plans for recruitment of staff and volunteers, if applicable:

Description of Proposed Site: If respite program include square footage and description of restroom and kitchen facilities

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Is this site currently available for use:

Does the population you propose to serve have special needs? If so, how do you plan to address them?

Outline how your agency promotes interagency coordination* Document your involvement in organizations, coordinating groups (public and/or private) to aid Alzheimer's patients and families. Provide a brief description of any Alzheimer's programs and services currently operating in the community and how you will coordinate your proposed activities with existing services.

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Partner Organizations*

Are the funds for the matching contribution of the implementing agency currently available?*

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If no please explain when the matching funds will be available.

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If yes, please specify sources, amounts of matching contributions and whether these are cash or in-kind. If no, when is it anticipated that funds will be made available?

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Will there be a fee for service? If yes, describe the fee schedule. Projected fees should be reflected in budget. Fees may be used to help meet the match requirement or allow for the program to become self-supporting. However, services cannot be denied to anyone in need of services solely based on the inability to pay for service. Please note provisions that will be made for those who cannot afford to pay (i.e. scholarships, sliding scale fee schedule, etc.)

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Plans for sustainability and future funding* Plans should demonstrate the program sustainability for the second year and beyond. Plans for seeking partner organizations, fee for service structure, third party funding, fund-raising etc.

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Project Budget Summary Form (Revenues and Expenses) (Attach spreadsheet)

Budget Narrative: Submit via google document. However, if you have additional text please provide it here. Provide a brief line-item justification for every entry. Projected Budget Summary Form and Budget Narrative should provide a clear picture of how resources will be utilized to conduct the proposed project. The Budget Narrative should include grantor funds (50%) and local match (50%)

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Include three (3) letters of support

Verification of organization's 501(C)(3), public entity or equivalent tax exempt status, if applicable

Most Recent Report Available

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