State of South Carolina
Lieutenant Governor's Office on Aging

ALZHEIMER'S RESOURCE COORDINATION CENTER GRANT APPLICATION

Name of Implementing Agency:	
Federal ID#:	
Address:	
County:	
Phone Number:	FAX Number:
E-Mail Address:	
Contact Person:	

(Should be the person to call if there are any questions regarding the Proposal.)

Grant Period:	Beginning:		Ending:	

Partner Organizations:	1.
	2.
	3.

Counties to be Served:	

Name and Title of Person with Signatory Authority:	
Name and Title of staff person who will be administratively responsible for the program:	

Type of Implementing Agency:

- ☐ Aging Service Provider
- ☐ Adult Day Care Center
- ☐ Alzheimer's Organization
- ☐ Area Agency on Aging
- ☐ Caregiver Resource Center
- ☐ College or University
- ☐ Community Center
- ☐ Family Service Agency
- ☐ Home Health Care Agency
- ☐ Hospital
- ☐ Long Term Care Facility
- ☐ Public Agency
- ☐ Religious Organization
- ☐ Senior Center
- ☐ YM/YWCA, YMHA or JCC
- ☐ Other (specify):

Type of Proposal: ☐ New Program Development   ☐ Expansion of Existing Program

Type of Service: ☐ Respite   ☐ Education Program

If group respite program, type of facility in which respite will be housed:
- ☐ Church/Synagogue
- ☐ Community Center
- ☐ Day Care Center
- ☐ Hospital
- ☐ House
- ☐ Long Term Care Facility
- ☐ Senior Center
- ☐ YM/YWCA
- ☐ Other (specify): _____
- ☐ N/A

Geographic Location of Program Site	☐ Rural ☐ Urban	☐ Suburban ☐ Small Community

The Implementing Agency:

Organizational Description: Describe your organizational activities. All organizations must justify and document how they currently 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.

If respite program, <mark>statement of insurance coverage relevant to the proposed Alzheimer's Respite Program.</mark>

Problem Definition: Describe the problem exactly as it exists 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. <mark>Document any statements with valid, updated statistical data, where available.</mark>

COPY

The Proposed Program:
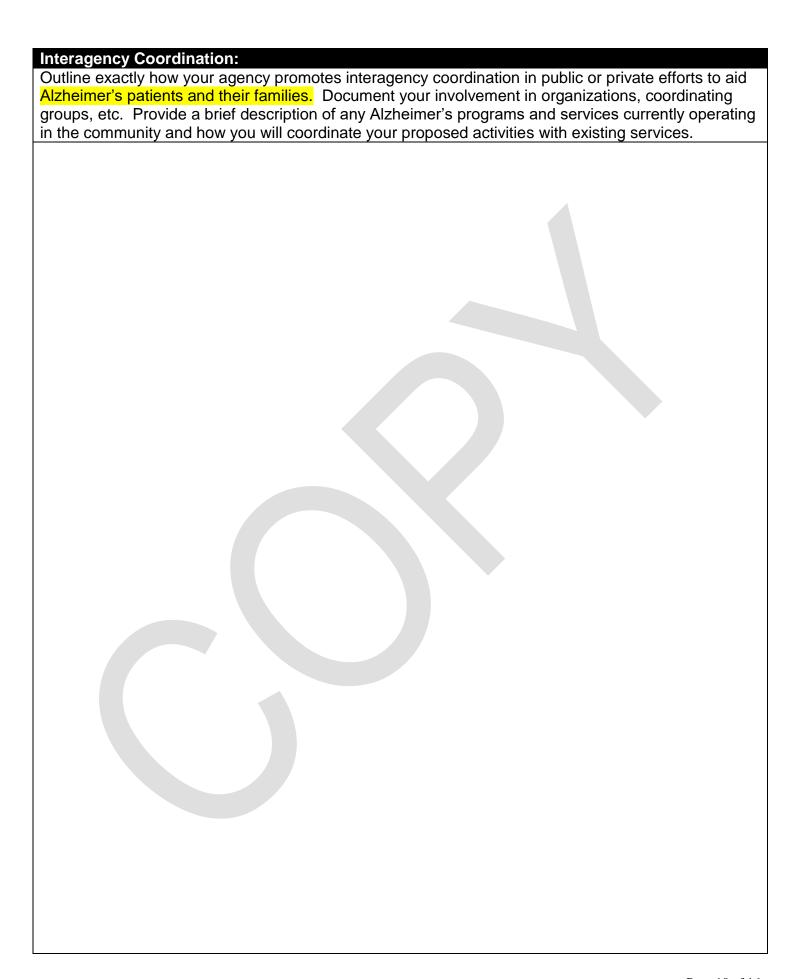
Description of the proposed program and objectives:

(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.)

The Proposed Program *continued***:**

Project Objectives: <mark>Objectives are specific, quantified statements of expected results of the project. The objectives must be described in terms of measurable</mark> 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. For example, a Project Objective may be to serve ten clients each week. The Performance Indicator would then be that the # of clients in attendance is documented through use of a roster. Provide no more than three objectives.

Performance Indicators: Based upon your <mark>measurable objectives, state exactly how each objective will be measured. Performance</mark> Indicators should be <mark>matched to your specific Project Objectives.</mark> Performance Indicators are activities that evaluate and document your program as to whether each activity was successful. For example, if you wanted to measure an educational program, a Performance Indicator would be written evaluations to be completed by participants at the end of the training.

The Proposed Program *continued***:**

Plans for outreach and recruitment of participants:

Plans for fostering a relationship of trust with caregivers. (If educational program, indicate if information on the establishment of trust relationships with caregivers will be included in the training.):

Plans for recruitment of staff and volunteers, if applicable:

If group respite/adult day services program, describe site and space available for the proposed respite program (including square footage of space for program and description of restroom and kitchen facilities, if available.)

Is this site currently available for your use?	☐ Yes	☐ No

(If not, please explain.)

If educational program, include information on proposed sites for the educational programs:

Does the population you propose to serve have special needs or concerns (such as transportation issues, varying levels of care needed, cultural issues, etc.)? If yes, please describe these needs and how they will be addressed:

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

Interagency Coordination:

Outline exactly how your agency promotes interagency coordination in public or private efforts to aid Alzheimer's patients and their families. Document your involvement in organizations, coordinating groups, etc. 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.

Funding Information:

Are the funds for the matching contribution of the implementing agency currently available?	☐ Yes ☐ No

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?

Will there be a fee for this service?   ☐ Yes   ☐ No

If so, describe fee schedule: (Projected fees should be reflected in budget. Fees may be used to help meet the match requirement. Other uses must receive prior approval from the Lieutenant Governor's Office on Aging.)

Indicate plans for future funding and fund-raising that will ensure continuity of the program for the second year and beyond.

Attachments - All attachments must be securely stapled to the back of <u>each </u>proposal.

   a. Verification of organization's 501(C)(3), public entity or equivalent tax exempt status (labeled as Attachment A), if applicable.

   b. Resume of staff person who will be administratively responsible for the Alzheimer's Program (labeled as Attachment B). Applicants for educational grants should include resume(s) of proposed trainers.

   c. Resume of proposed Alzheimer's Respite Program Coordinator, if known (labeled as Attachment C).

   d. <u>At least three (3)</u> letters of support from key service agencies in the community must be submitted, (e.g., Area Agency on Aging, Alzheimer's Association, etc.). (<u>All</u> letters of support **must** be submitted before the close date.

VI.   **Annual Report** - One (1) copy of most recent Annual Report must be sent in a folder labeled: "ANNUAL REPORT FOR *NAME OF AGENCY*."

PROJECT BUDGET SUMMARY FORM

GRANT YEAR	TO

NOTES:

Grant funds requested must not exceed $20,000. The total budget must include the required matching funds, one dollar of local match for every dollar of grant funding.

REVENUES - First Year of Operation of Program

This is an estimate of your projected revenue for the first year of operation. Please note that total revenue and total expenses (following page) should match.

CASH SUPPORT

Grants (Please Specify)	
ARCC	$
	$
	$
	$
	$
Client Fees	$
Medicaid	$
Other Gov't Fee-for-Service	$
Insurance	$
USDA/Meal Reimbursement	$
Transportation	$
Fundraising Events	$
Donations/Contributions	$
Interest Income	$
Other (Please Specify)	
	$
	$
	$
	$
TOTAL CASH SUPPORT	$

In-Kind Support* (Please Specify)		Specify Source
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL IN-KIND SUPPORT	$	
TOTAL REVENUE (Total of Cash & In-Kind Support)		

*In-Kind Support could include any unpaid services you receive, that are essential for the provision of the services, such as volunteers, rental space, printing supplies, etc.

PROJECT BUDGET SUMMARY FORM (Continued...)
EXPENSES - First Year of Operation of Program

This is an estimate of your projected expenses for the first year of operation.

NOTE: ARCC Columns (Personnel and OTPS combined) must total the amount of the grant. TOTAL EXPENSES should equal Total Personnel Expenses and Total OTPS expenses from all sources. Also, include In-Kind Services and their value.

EXPENSES - FIRST YEAR OF OPERATION OF RESPITE PROGRAM

PERSONNEL (By Position) (Full Time Equivalent)	ARCC	SPONSORING AGENCY	OTHER⇨ Amount	SPECIFY SOURCE
Project Director (_____% FTE)	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
Benefits (at _____%)	$	$	$	
TOTAL PERSONNEL EXPENSES	$	$	$	

OTHER THAN PERSONNEL SERVICES (OTPS)	ARCC	SPONSORING AGENCY	OTHER ⇨	SPECIFY SOURCE
Space/Rental	$	$	$	
Utilities	$	$	$	
Meals	$	$	$	
Equipment	$	$	$	
Program Supplies	$	$	$	
Printing/Copying	$	$	$	
Telephone	$	$	$	
Postage	$	$	$	
Travel/Transit	$	$	$	
Insurance	$	$	$	
Other (Please Specify)				
	$			
TOTAL OTPS EXPENSES		$	$	

TOTAL PERSONNEL and OTPS	$	$	$	

TOTAL EXPENSES (TOTAL OF ALL 3 COLUMNS)	$

PROJECT BUDGET NARRATIVE:

Please provide a brief line-item justification for every entry. It is important that the Project Budget Summary Form and the Project Budget Narrative provide a clear picture of how resources will be utilized to conduct the proposed project. The Project Budget Narrative should include grantor funds (50%) and local match (50%). Budget Narrative must match Budget Summary Form item for item.