



Mini Grants for Community Based Organizations: Lifespan Respite (September 1, 2021)

APPLICATION

This program is a collaboration of the Arizona Department of Economic Security and the Arizona Caregiver Coalition and is funded through a grant from the U.S. Department of Health and Human Services, Administration for Community Living.

Applicant Information	
Name of Organization:	Website (if available):
Mailing Address:	
Mission of Organization:	
Contact Name:	Title:
Phone Number:	Email Address:
Name and e-mail of individual authorized to accept award and sign waiver:	
Address and name where to send award documents(if different from above):	

Grant Information
Describe the program/event (date and length). Is it a one-time event or ongoing? If ongoing how often/long will it take place?

<p>What target population and geographic area does the program serve? Funds can be used only for Arizona residents.</p>
<p>Approximately how many family caregivers will you serve?</p>
<p>How will respite be provided? E.g. consumer directed with reimbursement, provided onsite by staff or trained volunteers, provided in caregiver home by staff or trained volunteers.</p>
<p>Location of respite service:</p>
<p>What is the amount of respite provided? (length of time)</p> <p> <input type="checkbox"/> Number of hours: _____ <input type="checkbox"/> Fixed rate for an event: _____ <input type="checkbox"/> Other: _____ _____ </p>
<p>Is there a total cap of funds provided to a caregiver? If yes, how much?</p> <p> <input type="checkbox"/> Yes, fund cap (give amount) _____ <input type="checkbox"/> No </p>
<p>If an event, how will you determine the number of caregivers attending the event? E.g. registration or sign-in sheet etc.. <input type="checkbox"/> N/A</p>
<p>Please list key personnel responsible for the respite activity, including any relevant qualifications and background checks. Include the organization's experience with caregiving, respite, volunteer management (if relevant) and project management.</p>
<p>Amount requested (\$3,500 max, this must match your budget): _____</p>

Attach additional documents:

- any additional program description or flyer
- budget
- current copy of W9 form
- proof of insurance
- proof of non-profit status if applicable
- 990 or audited/reviewed statement showing that the organization has been operating for at least one year
- any relevant certifications