

North Carolina Department of Health and Human Services



**Request for Applications (RFA)  
Family Caregiver-to-Caregiver Peer Support Pilot  
Project Announcement and Grant Application  
Instructions**

For more information, please contact:

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Or

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*A joint effort of the Lifespan Respite Care Project, under the Division of Aging and Adult Services and the Money Follows the Person Project, under the Division of Medical Assistance*

Completed applications must be postmarked by **December 21, 2012**.

Please mail two copies of your completed application to:

**Sophia Spencer  
NC Division of Aging and Adult Services  
2101 Mail Service Center  
Raleigh, NC 27699-2101**

## North Carolina Department of Health and Human Services (DHHS)

Division of Aging and Adult Services (DAAS) in collaboration with Division of Medical Assistance's (DMA)

### North Carolina Lifespan Respite Care and Money Follows the Person Projects

**Announcement Type:** *Initial*

**Funding Opportunity Title:** *Family Caregiver-to-Caregiver Peer Support Pilot*

#### **Key Dates:**

- ✓ **Application deadline:** The deadline date for submission of applications is December 21, 2012
- ✓ **Projected Start Date:** January 28, 2013

#### **Overview:**

The Division of Aging and Adult Services (DAAS) of the N.C. Department of Health and Human Services is providing this competitive grant opportunity to eligible organizations across the state in collaboration with the Division of Medical Assistance (DMA) through the Lifespan Respite Care and Money Follows the Person Projects. To be eligible, applicants must be an existing private non-profit organization or public agency.

The DAAS plans to fund up to 3 grants under this Announcement, with a funding level of up to \$25,000 per year for a possible two-year period. The second year funding will be contingent on completion of the first year's work plan. Eligible agencies funded under this announcement shall use grant funds to develop and implement a volunteer family caregiver-to-caregiver peer support project. Priority must be given to supporting families who have recently assumed more caregiving responsibilities for an individual transitioning back to their home/community or individuals that are at risk of being admitted into a long-term care facility.

This is a limited grant competition. Awards will only be made to eligible agencies and organizations that:

- Have a thorough understanding of the population to be served and direct organizational experience in working with and on behalf of family caregivers.
- Can navigate the system of care and services, including respite care options
- Demonstrate the ability to work successfully with volunteers
- Derive and adapt their projects from existing peer support models
- Can provide relevant and ongoing training to peer volunteers
- Have access to licensed clinical staff
- Demonstrate the support and involvement of other human service providers in the community.

**Prospective applicants should be sure to read, understand and fully respond to all requirements of this announcement.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **Funding Authority:**

Grant monies awarded for this project come from the NC Money Follows the Person (MFP) Rebalancing Fund. Rebalancing Funds are the amount of state savings attributed to an enhanced federal match rate that MFP receives on identified home and community based services (HCBS) that MFP participants utilize. It is a restricted fund for the states to increase HCBS or build infrastructure (quality management system or train providers for example) that will lead to an increase in HCBS. MFP and DMA staff, in partnership with the NC MFP Rebalancing Fund Steering Committee, manages these funds.

Access to Rebalancing Funds for the Family Caregiver-to-Caregiver Peer Project is made possible through a collaborative effort between the Lifespan Respite Care and Money Follows the Person Projects. This effort emerged from the MFP Project Director's active participation in the NC Lifespan Respite State Advisory Team. Through stakeholder survey results and direct input, MFP has identified family caregiver support as a key component of successful transitions and a Rebalancing Fund funding priority

A small sub-committee of the Lifespan Respite State Advisory Team was formed in the fall of 2011 to make recommendations to the MFP stakeholder group, the MFP Roundtable, around the subject of respite care and caregiver support. In the spring of 2012, both the Lifespan Respite Care State Advisory Team and the MFP Rebalancing Fund Advisory Group approved funding for a caregiver-to-caregiver peer support pilot. This announcement is the result of the collaboration between these two groups.

The following project descriptions of Money Follows the Person and Lifespan Respite Care provide additional context for this funding opportunity.

### ***What is Money Follows the Person?***

Money Follows the Person is a federal and state demonstration project that assists Medicaid-eligible North Carolinians who live in qualified inpatient facilities to move into their own homes and communities with supports.

### ***What is the Lifespan Respite Project?***

In 2009, North Carolina was awarded a small three-year grant from the U.S. Administration on Aging, made possible by the Lifespan Respite Care Act of 2006. NC is currently one of 30 states with this limited funding designed to encourage states to focus on respite services, strengthen a state's collaboration and infrastructure for respite, and assist where possible in a coordinated system of accessible, community-

based respite care services for family caregivers of children or adults of all ages with special needs. In 2011, NC was also awarded a small one-year expansion grant to be used primarily for direct respite services and community respite service enhancement.

**Purpose:**

The purpose of this opportunity is to pilot volunteer “family caregiver-to-caregiver support” projects through a competitive grant process. This concept is built upon models developed by such organizations as the Family Support Network of North Carolina and North Carolina's Peer Support Specialist Program, an initiative of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, referenced on page 8 of this announcement.

Using the existing network of providers that support families caring for children, adults and elders in North Carolina, DAAS, in collaboration with DMA will fund efforts to develop a volunteer “family caregiver-to-caregiver support” project in selected areas of the state. Individuals trained as caregiver peers will build a one-on-one relationship with participating family caregivers in order to serve as a source of information and guidance.

As noted on page 2 of this RFA, priority must be given to supporting families who have recently assumed more caregiving responsibilities for an individual transitioning back to their home/community or individuals that are at risk of being admitted into a long-term care facility.

Applicants should become familiar with existing family caregiver –to-caregiver peer models, referenced on page 8 of this report and tailor these models to their own population and setting.

Anticipated roles include:

- Being a family caregiver “peer” and gaining insight from existing peer support models.
- Sharing public and community resources available to support the family caregiver and care recipient, particularly respite care services.
- Being trained in person-centered planning.
- Having the commitment to assist family caregivers in developing a plan that outlines: how caregiver will take care of self; support schedules, crisis planning; other support options.
- Calling, visiting, and being available to offer support and guidance as the family caregiver needs it, including hours outside of the normal business day.

**Background:**

***Who are family caregivers?***

Caregivers have often been called the backbone of America's long-term care system. On a daily basis, these individuals assist relatives and other loved ones with daily tasks ranging from assisting with personal care and homemaking to carrying out more complex health-related interventions like medication administration and wound care. It is estimated that in 2007 nearly 34 million caregivers were providing care to someone at any given point during the year, while a total of 52 million adults provided care to someone at some point during that same year.<sup>1</sup>

Caregivers may be found in every community and come from every walk of life. Caregivers are male and female, younger and older, and may or may not possess adequate financial resources to meet their own daily needs or the needs of those for whom they care. Research has shown the "typical" caregiver to be a 46-year old woman who works outside the home and spends more than 20 hours per week providing unpaid care to her mother.<sup>2</sup> However, there are growing numbers of caregivers needing respite services that do not fit this typical profile, including:

- Caregivers "sandwiched" between two generations of individuals needing care: young children and aging family members;
- Grandparents or other relatives of children, with or without disabilities;
- Younger individuals caring for a parent, grandparent or sibling;
- Family caregivers caring for adults over the age of eighteen with special needs; and
- Families of military personnel returning from combat with traumatic brain injuries, and other serious chronic and/or debilitating conditions.
- Parents of children with significant disabilities

### ***What do family caregivers need?***

While the spectrum of individuals classified as "caregivers" is growing in number and diversity, one fact remains: caregivers often do not recognize the fact that what they are doing is caregiving. Most often, caregivers view their work as fulfilling a familial role. Caregivers often do not know how, nor do they want, to ask for help. However, if they do ask for assistance, they often encounter fragmented, narrowly targeted programs or are unable to afford the options available to them.<sup>3</sup> Many others simply lack sufficient information about where to find assistance.

Research has also shown that while caregiving can be a very rewarding experience for many, it is also stressful and can impact caregivers' lives in many ways, including declining health, forced changes in employment, and additional competing demands from other family members. A 2006 study found that caregivers often report

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<sup>1</sup> Gibson M.J., & Houser, A.N. *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*. Washington, D.C.: AARP Public Policy Institute: 2008 November, Insight on the Issues #13.

<sup>2</sup> National Alliance for Caregiving. *Caregiving in the U.S.* Bethesda, MD: National Alliance for Caregiving and Washington, D.C.: AARP, 2004.

<sup>3</sup> Whitlatch, C.J. and Feinberg, L.F. Family and Friends as Respite Workers. *Journal of Aging Social Policy*. New York: Routledge, 2006. 18(3-4): 127-139. AND Yanizi, NM, Rosenberg, MW, and McKeever, P. *Getting out of the House: The Challenges Mothers Face When their Children Have Long-Term Care Needs*. 2007, *Health Soc. Care Community* 15 (1):45-55.

deteriorating health as a result of the care they provide. Caregivers surveyed in this study most often reported energy and sleep problems, stress and/or panic attacks, physical pain, and depression among those health factors to worsen as a result of the care they provided.<sup>4</sup>

One service that is often requested by family caregivers is respite care. Respite provides temporary relief for caregivers from the ongoing responsibility of caring for an individual of any age with special needs. Respite does much to strengthen the family system while protecting the health and wellbeing of both caregiver and care recipient. Respite is a key component of family support and long-term care services. The Lifespan Respite Care Act defines *respite care* as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.”

For those families supporting an individual moving back into the community from institutional care, many report a difficult adjustment period during and after the transition. Recent studies suggest that families want improved communication during transition (NTOCC, 2008) and someone to call to help navigate various complex systems (NIH/Naylor, 2008). In general, family caregivers need to be better prepared for assuming this role. An initial comprehensive assessment of caregiver needs is a good starting place (AARP Public Policy Institute, July, 2012; NIH/Naylor, 2008).

### ***What is Family Caregiver-to-Caregiver Peer Support?***

Peer support occurs when people provide knowledge, experience, emotional, social or practical help to each other. It commonly refers to an initiative consisting of trained supporters, and can take a number of forms such as peer mentoring, listening, or peer counseling. A peer has "been there, done that" and can relate to others who are now in a similar situation.

Family Caregiver-to-Caregiver Peer Support is provided by a person who has self-identified as a current or past caregiver of a special needs child, adult or elder and who has successfully navigated community-based services to access resources necessary to build resiliency and foster wellbeing in the home, school, and community. This individual must receive training to enhance or support their knowledge of caregiver issues and community resources. Furthermore, they must be trained in person-centered care and foundational communication principles, including active listening skills, goal setting and crisis intervention.

This does not in any way indicate that the Family Caregiver Peer is qualified to diagnose an illness or disability; to prescribe or provide medication or clinical treatment; or to provide direct personal services.

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<sup>4</sup> Evercare & National Alliance for Caregiving. *Study of Caregivers in Decline: Findings from a National Survey*. Washington, DC: National Alliance for Caregiving. September 2006.

A Family Caregiver Peer can perform a wide range of tasks to assist caregivers in managing their loved one's illness or disability and fostering resiliency and hope in the day-to-day process of caregiving. These direct caregiver-to-caregiver support services include, but are not limited to, developing formal and informal supports, including respite care; assisting in the development of family and individual goals; serving as an advocate, mentor, or facilitator for resolution of issues that a caregiver is unable to resolve on his or her own; and, providing education on system navigation and skills necessary to maintain a special needs child, adult or elder in the home.

Family Caregiver Peers can find assistance in navigating the array of services available to adults with disabilities, elders and family caregivers through North Carolina's Community Resource Connections (CRC) for Aging and Disabilities. Located in over half of North Carolina's counties, CRCs reduce the confusion that many have experienced in trying to find services, often resulting in making multiple telephone calls before finding help. Core functions of CRCs include: 1) Information and Assistance; 2) Options Counseling; 3) Streamlined access to services and public funding; 4) Transitions partnership with hospitals and nursing facilities; and, 5) Quality assurance and evaluation.

During a recent survey of families supporting individuals who have transitioned out of institutions under the MFP project, caregivers were asked "What qualities and skills would you want a family caregiver peer supporter to have?" Responses are summarized as follows: "Working knowledge of resources in the area, compassion, understanding, non-judgmental, direct, ability to help family think through situations and prioritize; getting loved one home and the next steps, listening skills, advocacy, medical knowledge to talk with families about loved ones' condition in "real people's terms"; ability to relate to family, "has been there or is there" and is honest."

### ***Resources for Family Caregiver-to-Caregiver Models***

Peer support has taken many forms and has addressed several different populations. In searching literature for "peer support models," one finds a number of projects and studies aimed at families with children who have special needs; individuals and families dealing with mental illness; adults with chronic disease, such as diabetes or cancer; and, some programs for adults with disabilities and veterans recovering from service-related injuries and disability. Many populations have accessed peer support through peer or professionally led support groups. This has been a prominent means of peer support amongst family caregivers caring for elders and individuals with dementia.

From the literature review it is possible to characterize a number of models of peer support. The following list illustrates the many ways in which peer support can be delivered. It also demonstrates that peer support is organic, growing and adapting to the introduction of new communication technologies. In the article referenced below, Heisler (2007) characterizes peer support as seven different models. These include:

- a. Professionally-led groups
- b. Peer-led self-management programs
- c. Peer coaches
- d. Community health workers
- e. Support groups
- f. Telephone based support
- g. Internet and e-mail support

From the reference point of this list, one can see that the “peer coaches” model most closely describes the form of peer support sought by this announcement. However, applicants are encouraged to incorporate other modalities of support, such as those listed in Dr. Heisler’s article. This article and several other resources (articles, program descriptions, etc.) are listed here for prospective applicants to use in developing their Family Caregiver-to-Caregiver Peer Project application.

1. Heisler, Michele, “*Overview of Peer Support Models to Improve Diabetes Self-Management and Clinical Outcomes*,” *Diabetes Spectrum* Volume 20, Number 4, 2007
2. Obrochta, C; Anthony, B., Armstrong, M., Kallal, J., Hust, J., & Kernan, J. (2011) . *Issue brief: Family-to-family peer support: Models and evaluation*. Atlanta, GA: ICF Macro, Outcomes Roundtable for Children and Families.
3. *Identification of Best Practices in Peer Support: White Paper*, Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury
4. North Carolina’s Peer Support Specialist Program, North Carolina PSS Certification Site.
5. Family Support Network of North Carolina, a statewide network with a University office and community-based, affiliated programs reaching all 100 counties. , [www.fsnn.org/](http://www.fsnn.org/)
6. Link2Care in California is an online support program. For more info, go to: [http://www.link2care.net/link2care/jsp/visitors\\_center.jsp](http://www.link2care.net/link2care/jsp/visitors_center.jsp)
7. Telephone support for caregivers, a presentation delivered by Sonya Barsness and Lynne Seward on the 15<sup>th</sup> of November 2011, located at [www.slideshare.net](http://www.slideshare.net)  
Search: Telephone support for caregivers

This list represents a sampling of peer support resources and is by no means comprehensive. Applicants are encouraged to draw information from other resources as well. It will be apparent to anyone reviewing these materials that terminology and professional descriptions may vary with different populations and intended targeted audiences. Nevertheless, these materials constitute a helpful starting place, which can then be adapted to meet the population served by applicants.

### **Funding Opportunity Description**

The goal of this program is to implement a family caregiver-to-caregiver support model, particularly targeting families who have recently assumed more caregiving

responsibilities for an individual transitioning back to their home/community or individuals that are at risk of being admitted into a long-term care facility.

In order to successfully develop and implement this project, applicants must ensure the following:

**Proposed projects must demonstrate thorough understanding of and organizational experience in serving the population to be served.** Knowledge of the family caregiver population for whom project services are to be provided, or for whom volunteers will be recruited and trained, is an essential requirement of any successful application under this Announcement

**Proposed projects must help families navigate the respite care system and gain access to those programs most appropriate for their needs.** Applicants must have a working knowledge of and access to the array of formal (e.g., in-home aides, transportation, adult day programs, etc.) and informal (e.g. faith-based organizations, civic and neighborhood groups, etc.) services that will support families in the home and community. Applicants must specifically address ways in which they will assist in linking families with respite care services.

**Proposed projects must demonstrate the ability to work successfully with volunteers, clearly describing plans for recruitment, retention, ongoing support and financial benefits.** Successful applicants will have experience working with volunteers and will ensure that these individuals have a clear understanding of their roles as Family Caregiver Peers and have both the knowledge and support to carry out these roles effectively.

**Proposed projects must provide relevant and ongoing training to ensure that Family Caregiver Peers are well prepared for their roles, including person-centered training.** In order to prepare Family Caregiver Peers to be effective resources for fellow family caregivers, they must receive training in fundamental communication skills, community services and specific information about the unique aspects of the population served. In addition, Family Caregiver Peers must be trained in person-centered thinking training, which is offered on a regular basis by The Center for Aging Research and Educational Services, Jordan Institute for Families at UNC – Chapel Hill, North Carolina.

**Proposed projects must have access to licensed clinical staff (i.e. social workers, nurses, physicians, mental health practitioners) to assist Family Caregiver Peers when necessary.** Family Caregiver Peers are not qualified to diagnose an illness or disability; to prescribe or provide medication or clinical treatment; or to provide direct personal services. When issues arise that are beyond the scope of the Family Caregiver Peer, it is necessary that the host agency/organization has prepared the peer to support families in gaining access to qualified licensed staff (i.e. social workers, nurses, mental health practitioners, etc.)

**Proposed projects must enlist the support of other human service providers in the community.** Successful applications will describe ways in which the host agency/organization and Family Caregiver Peers will collaborate with other human service providers in the community to better meet the needs of the families they are serving. To that end, each applicant must submit at least two letters of recommendation from relevant providers in their target area.

## **II. AWARD INFORMATION**

**Award type:** Grants to Eligible Agencies and Organizations in North Carolina

**Estimated MFP Rebalancing Funds Available:** \$25,000 per year for two years

**Estimated Number of Awards:** 3

**Projected Start Date:** January 28, 2013

**Estimated Project Length:** 24 Months; second year's funding contingent on completion of first year's work plan

Eligible organizations funded under this announcement shall use grant funds for the expressed purposes of planning and establishing a volunteer Family Caregiver-to-Caregiver Support Program. Priority must be given to supporting families who have recently assumed more caregiving responsibilities for an individual transitioning back to their home/community or individuals that are at risk of being admitted into a long-term care facility.

Because the nature and scope of the proposed projects will vary from application to application, it is anticipated that the size of each award will also vary. Funding awards will be reflective of the scope of work proposed by each applicant. Projects will be funded for a 24-month project period, with the second year's funding contingent on completion of the first year's work plan. DAAS reserves the right to offer a funding level that differs from the requested amount.

Grantees are required to provide an inventory of in-kind contributions, including the estimated value of these contributions. These can be listed on page 17 of this announcement. Funds made available under this Announcement must be used to supplement and must not supplant other Federal, State, and local funds available for the same services. It is expected that personnel funds will be used to provide coordination and support of the proposed Family Caregiver Peer-to-Peer Project and that these funds will not supplant or subsidize existing personnel who are not involved with the project.

### **DAAS, DMA and Grantee Collaboration**

The Division of Aging and Adult Services, in collaboration with the Division of Medical Assistance will assist each of the grantees in understanding the strategic goals and objectives, policy perspectives, and priorities of the Family Caregiver-to-Caregiver Peer Project, by sharing such information via email, conference calls, briefings, memos, and other consultations. DAAS and DMA staff will provide technical assistance and guidance

on issues related to grant management and implementation issues, including the execution of a cooperative agreement.

Each grantee under this announcement will develop a project scope of work with timelines for year one and year two, found on pages 18 and 19. Within 45 days of the award, the grantee will consult with DAAS project staff and agree upon and adhere to a work plan that details expectations for major activities, products, and reports during the budget period. Either the DAAS Project staff or the grantee can propose a revision of the final work plan at any time. Following the grant award, contractors will be required to submit quarterly updates and present progress during at least one MFP Roundtable meeting annually.

### III. ELIGIBILITY INFORMATION

#### **Who is eligible to apply?**

Public agencies and private non-profit organizations are eligible to apply.

#### **Proposed Programs Must:**

- Have a thorough understanding of and demonstrated experience in serving the population to be served
- Be able to navigate the system of care and services, including respite care options
- Demonstrate the ability to work successfully with volunteers
- Provide relevant and ongoing training to peer volunteers
- Have access to licensed clinical staff
- Demonstrate the support and involvement of other human service providers in the community. (At least two letters of recommendation must accompany the application)

### IV. APPLICATION AND SUBMISSION INFORMATION

#### **What is the process for proposal submission and schedule?**

<b><u>Request for Application Event</u></b>	<b><u>Anticipated Date</u></b>
RFA Issued	November 2012
Submission Deadline	Postmarked by December 21, 2012
Letters of Award	January 2013
Grantee Orientation Session for Awarded Applicants	Within 45 days of award letter
Project Start Date	Year One Begins: January 28, 2013 Year Two Begins: January 2014 (funding dependent on successful completion of Year One)
Reporting and Evaluation	Quarterly

### **How will proposals be selected?**

An evaluation/selection committee will review and score all proposals postmarked by December 21, 2012. This committee will be comprised of professionals and family caregivers who serve on the Lifespan Respite Project State Advisory Team and the MFP Rebalancing Fund Committee and are not applying for funds themselves. Other members of the committee may include program, policy and budget staff from the NC Department of Health and Human Services.

All qualified applications will be evaluated and awards made to up to three agencies or organizations whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest.

Selection Criteria include the following:

- a. Applicant has a solid history and portrays a thorough understanding of the population and the need to be addressed – 15%
- b. Applicant demonstrates capacity for developing a successful volunteer Caregiver-to-Caregiver pilot project, based on references to existing models, experience with caregivers, volunteers, training and relationship with existing service system– 45%
- c. Objectives and activities are clear and reasonable within the timeframe of the grant – 25%
- d. Budget request demonstrates balanced use of personnel funds, is well defined and commensurate with described activities – 15%

# Family Caregiver-to Caregiver Grant Application

Name/Contact Person: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

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

Target Community for proposed Family Caregiver-to-Caregiver Project  
(please identify the counties and cities where you currently provide services  
and where you propose to provide services):

○ Current: \_\_\_\_\_

○ Proposed: \_\_\_\_\_

Target Caregiver Population for project (e.g. caregivers of older adults;  
parents of children with disabilities, etc.):

\_\_\_\_\_

Estimated number of Family Caregiver Peer Volunteers recruited and  
trained as part of your proposed project: \_\_\_\_\_

Briefly describe your agency/organization, service area, and the services your organization currently provides. Please comment on your organization's history or experience with peer-to-peer support & volunteers

Describe the family caregiver-to-caregiver project you will be developing and implementing through these funds. Please reference any best practice model(s) upon which you're basing your project.

Describe the process your organization undertook to determine that this service is needed in your area (i.e. Needs Assessment).

Describe how this proposed service will be implemented; include information about recruitment, retention and training of caregiver peers

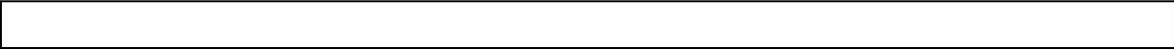
Describe any financial incentives and/or reimbursements you plan to implement in your volunteer family caregiver-to-caregiver project (i.e., travel, stipends).

Describe your strategy for linking people to caregiver support services, particularly respite care. Please address both formal and informal support services.

How will you let families know about the family caregiver-to-caregiver support you will be providing? How will you reach out to families who have recently assumed more caregiving responsibilities for an individual transitioning back to their home/community? Describe your plans for outreach and marketing.

Please provide an inventory of the in-kind contributions your organization will make to the Family Caregiver-to-Caregiver Project along with the estimated value of these contributions.

Please provide a description of your plan for sustaining your project beyond the scope and timeframe of this project.



Provide a Scope of Work with Timeline for implementing this project **for year one**, including key milestones:  
January 28, 2013 – January 27, 2014

<b>Objective</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Expected Completion Date</b>	<b>Outcome (<i>How will you know when you've been successful?</i>)</b>

Provide a Scope of Work with Timeline for implementing this project **for year two**, including key milestones:  
January 28, 2014 – January 27, 2015

<b>Objective</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Expected Completion Date</b>	<b>Outcome (<i>How will you know when you've been successful?</i>)</b>

**Please use the provided budget and budget detail worksheet provided to** outline how the requested funds will be used to implement your project over a two-year period. Include these completed worksheets with your application packet along with two letters of recommendation. If you are awarded a grant, you will be required to adhere to what you have proposed in this RFA.

**Submit two copies of complete Family Caregiver-to-Caregiver Support Project Application postmarked by December 21, 2012 to:**

**Sophia Spencer  
Service Operations  
NC Division of Aging and Adult Services  
2101 Mail Service Center, Raleigh, NC 27699-2101**

**Completed application packet will include:**

- ✓ Grant Application
- ✓ Scope of Work with Timeline for Year One
- ✓ Scope of Work with Timeline for Year Two
  - ✓ Budget
  - ✓ Budget Detail Worksheet
- ✓ Two letters of recommendation

## **General Information on Submitting Applications**

### **A. Award or Rejection**

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest.

### **B. Decline to Offer**

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "decline to offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

### **C. Cost of Application Preparation**

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

### **D. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

### **E. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

### **F. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

### **G. Titles**

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

### **H. Form of Application**

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's performance agreement (contract).

### **I. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the performance agreement (contract).

### **J. Advertising**

In submitting its application, agencies and organizations agrees not to use the results there from or as part of any news release or commercial advertising without prior written approval of the funding agency.

### **K. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits and other documentation submitted by the agency or organization will become the property of the funding agency when received.

#### L. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either federal or NC antitrust laws.

#### M. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

#### N. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

#### O. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1:05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

#### P. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the NC G.S. and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this RFA.

#### Q. Contract

A contract will be issued between the funding agency and the recipient of a grant. The agency's or organization's application will be included by reference.

**Section VII: Procurement and Contracts Services Page 8 of 21 Title: Requests for Applications, Request for Information and Requests for Proposals Current Effective Date: 12/18/03**

<b>Family Caregiver-to-Caregiver Grant Budget</b>	<b>1/28/13 – 1/27/14</b>	<b>1/28/14 – 1/27/15</b>
<b>Description</b>	<b>Amount</b>	
<b>Personnel</b>		
Salary/Wages/Benefits		
Professional Services		
Other		
<b>Total Personnel Services</b>		
<b>Supplies and Materials</b>		
Office Supplies & Materials		
Janitorial Supplies		
Educational Materials & Supplies		
Other		
<b>Total Supplies and Materials</b>		
<b>Operational Expenses</b>		
Travel		
Communications (Tele. Post., etc.)		
Utilities		
Printing and Binding		
Repair and Maintenance		
Computer Svs. (Acctg., Payroll, etc)		
Peer Volunteer Training		
Peer Volunteer Recruitment and Retention		
Marketing and Advertising		
Other		
Other: Indirect		
<b>Total Operational Expenses</b>		
<b>Fixed Charges and Expenses</b>		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phone, Computer, etc.)		
Vehicle Rental		
Dues and Subscriptions		
Insurance and Bond		
Other: Indirect		
<b>Total Fixed Charges &amp; Other Expenses</b>		
<b>Capital Outlay</b>		
Office Furniture		
Books (Library Reference Materials)		
Other: Computers		
<b>Total Capital Outlay</b>		
<b>Total Budgeted Expenditures</b>		

<b><i>Family Caregiver –to- Caregiver Peer Project Budget Items</i></b>	<b>Year</b>	<b>Amount Requested</b>	<b>Justification Narrative</b>
<b>Salary/Wages/Benefits</b>	2013 – 2014		
	2014 - 2015		
<b>Professional Services</b>	2013 – 2014		
	2014 - 2015		
<b>Other - Personnel</b>	2013 – 2014		
	2014 - 2015		
<b>Office Supplies/Materials</b>	2013 – 2014		

	2014 - 2015		
<b>Janitorial Supplies</b>	2013 – 2014		
	2014 - 2015		
<b>Educational Materials &amp; Supplies</b>	2013 – 2014		
	2014 - 2015		
<b>Other - Supplies/Materials</b>	2013 – 2014		
	2014 - 2015		
<b>Travel</b>	2013 – 2014		
	2014 - 2015		

<b>Communications</b>	2013 – 2014		
	2014 - 2015		
<b>Utilities</b>	2013 – 2014		
	2014 - 2015		
<b>Printing and Binding</b>	2013 – 2014		
	2014 - 2015		
<b>Repair &amp; Maintenance</b>	2013 – 2014		
	2014 - 2015		
<b>Computer Svs. (Acctg., payroll, etc.)</b>	2013 – 2014		

	2014 - 2015		
<b>Peer Volunteer Training</b>	2013 – 2014		
	2014 - 2015		
<b>Peer Volunteer Recruitment and Retention</b>	2013 - 2014		
	2014 - 2015		
<b>Marketing and Advertising</b>	2013 – 2014		
	2014 - 2015		
<b>Other - Operational Expenses</b>	2013 – 2014		
	2014 - 2015		

<b>Other - Indirect</b>	2013 – 2014		
	2014 - 2015		
<b>Office Rent</b>	2013 – 2014		
	2014 - 2015		
<b>Furniture Rental</b>	2013 – 2014		
	2014 - 2015		
<b>Vehicle Rental</b>	2013 – 2014		
	2014 - 2015		
<b>Dues and Subscriptions</b>	2013 – 2014		

	2014 - 2015		
<b>Insurance and Bond</b>	2013 – 2014		
	2014 - 2015		
<b>Other: Indirect</b>	2013 – 2014		
	2014 - 2015		
<b>Office Equipment</b>	2013 – 2014		
	2014 - 2015		
<b>Books / Reference materials</b>	2013 – 2014		
	2014 - 2015		

<b>Other: Computers</b>	2013 – 2014		
	2014 - 2015		