

**South Carolina  
Department on Aging**



**AZHEIMER'S RESOURCE COORDINATION CENTER (ARCC)  
GRANT APPLICATION  
GRANT PERIOD: July 1, 2022 – June 30, 2023**

Name of Implementing Agency:			
Federal ID#		DUNS/Vendor Number:	
Complete Address:			
County:			
<i>(Should be the person to call if there are any questions regarding the Proposal.)</i>			
E-Mail Address:			
Contact Person:			
Grant Period:	Beginning:		Ending:
Partner Organizations (if any):	1.		
	2.		
	3.		
Counties to be Served:			
Name, Title, E-mail, and Phone Number of Person with Signatory Authority:			
Name, title, email, and phone number of staff person who will be administratively responsible for the program			
Type of Proposal:	<input type="checkbox"/> New Program Development <input type="checkbox"/> Expansion of Existing Program		
Type of Service:	<input type="checkbox"/> Respite <input type="checkbox"/> Education Program <input type="checkbox"/> Innovative Program <input type="checkbox"/> Other (specify):		
Geographic Location of Program Site:	<input type="checkbox"/> Rural <input type="checkbox"/> Urban	<input type="checkbox"/> Suburban <input type="checkbox"/> Small Community	

**The Implementing Agency:**

**Organizational Description:** Describe your organization's activities. All organizations must justify and document how they currently or plan to provide effective respite, educational, or innovative services to people with Alzheimer's disease and other related disorders (ARD) 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.

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

**The Proposed Program:**

For all programs include: type of program, target audience, location of program, program schedule; credentials and experience of trainers; as well as projected number of persons to be reached by the program.

**Program Objectives:**

Objectives are specific, quantified statements of expected results of the program. The objectives 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. For example, a Program Objective may be to serve ten clients each week. The Performance Indicator would then be that the number of clients in attendance is documented through use of a roster. Provide no more than three objectives.

**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. 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**

Plans for outreach and recruitment of participants:

Plans for recruitment of staff and volunteers, if applicable:

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

**Partner Organizations:**

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

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

If yes, please specify sources, amount 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 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.)

**Funding Information:**

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 submitted with the 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 Program (labeled at Attachment B).
- c. At least three (3) letters of support from key service agencies in the community must be submitted, (e.g., Area Agency on Aging, Senior Center, etc.) All letters of support must be submitted with proposal.

## **Annual Report:**

One (1) copy of most recent Annual Report, if applicable.

**PROJECT BUDGET SUMMARY FORM**

**GRANT YEAR: 2022 TO 2023**

NOTES: Grant funds requested must not exceed \$20,000.

<b>OTHER THAN PERSONNEL SERVICES (OTPS)</b>	<b>ARCC Funds Requested</b>	<b>*Local Match</b>	<b>Total</b>
Space/Rental	\$	\$	\$
Utilities	\$	\$	\$
Meals	\$	\$	\$
Equipment	\$	\$	\$
Program Supplies	\$	\$	\$
Printing/Copying	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Travel/Transit	\$	\$	\$
Insurance	\$	\$	\$
Personnel Services	\$	\$	\$
Salaries	\$	\$	\$
<b>TOTAL OTPS EXPENSES</b>	\$	\$	\$

**EXPENSES – FIRST YEAR OF OPERATION**

\*Local Match may include in-kind services fairly valued.

TOTAL EXPENSES OF ALL 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. Budget Narrative must match Budget Summary Form item for item. The Budget Narrative should include grantor funds (50%) and local match (50%).