



**RESPITE BREAKROOM PROJECT**

Name of Location:			Federal ID#:
Counties Served:			
Address:			
County:			
Office Number:		Email:	
Website:			
Authorized signatory:	Name/Title:	Email:	Phone:
Contact Person:	Name/Title:	Email:	Phone:
Is the above contact person administratively responsible for the project?			
If no:	Name/Title:	Email:	Phone:
Partner Organizations:	1.		
	2.		
	3.		
	4.		
Location Type:	<input type="checkbox"/> Aging Service Provider <input type="checkbox"/> Adult Day Care Center <input type="checkbox"/> Alzheimer's Organization <input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Caregiver Resource Center <input type="checkbox"/> College or University <input type="checkbox"/> Community Center <input type="checkbox"/> Family Service Agency	<input type="checkbox"/> Home Health Care Agency <input type="checkbox"/> Senior Center <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Public Agency <input type="checkbox"/> Religious Organization/Church <input type="checkbox"/> School District / Private <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Other (specify):	
Type(s) of Service Currently Provided:	<input type="checkbox"/> In-Home Respite <input type="checkbox"/> Overnight Respite <input type="checkbox"/> Other:	<input type="checkbox"/> Group Respite <input type="checkbox"/> Education Program <input type="checkbox"/> N/A	
If group respite program, type of facility in which respite will be housed:	<input type="checkbox"/> Church/Synagogue <input type="checkbox"/> Community Center <input type="checkbox"/> Day Care Center <input type="checkbox"/> Senior Center	<input type="checkbox"/> Public/Private School <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> N/A <input type="checkbox"/> Other:	
Geographic Location of Program Site	<input type="checkbox"/> Rural <input type="checkbox"/> Urban	<input type="checkbox"/> Suburban <input type="checkbox"/> Small Community	

## RESPITE BREAKROOM PROJECT

Have you reviewed the Respite Breakroom "How-to Guide"?

Does your location have interested volunteers currently?

Has the budget been reviewed to support the long-term stability of this project?

How can the SC Respite Coalition best support your Breakroom project?

Any questions, comments, or concerns?

### **Project Description:**

Please describe the identified need for a respite Breakroom and how this project will serve your community. Include specific groups intended to serve (ie: children, adults, dementia, autism, etc.), how the project is intended to operate and any community data/statistics. How will this project be implemented and what (if any) are your partner's roles?

**Objectives:** Objectives are specific, expected results of the project. The objectives must be described in terms of measurable events that can be realistically expected under time constraints and resources. For example, a Project Objective may be to serve ten people each week. The measurable event (performance indicator) would then be the number of people in attendance documented through use of a roster. Provide no more than five objectives. *(please note the specifics for the indicated measurables are in the next section).*

**Performance Indicators:** Based upon your objectives, indicate how each one will be measured. Performance Indicators are activities that evaluate and document your project as to whether each activity was successful. For example, if you wanted to track the hours of operation of the Breakroom, a Performance Indicator would be a document created and utilized to record the dates and hours each time the Breakroom was in use during the project period.