

## REQUEST FOR PROPOSAL

### Funds for Agencies Currently Providing Respite Services

RFP Released: May 16, 2022

Applications Due: July 1, 2022

Estimated Award Notification Date: August 1, 2022

Grant Period: August 1, 2022, through May 5, 2023

Grant Documentation & Reporting Due: May 23, 2023, by 5:00 pm

Application Q&A sessions:

Tuesday, June 7<sup>th</sup>, at 10:30 am - 11:15 am:

Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZUrdOygrTspEtL1-0QamWxCejMWqsyXHPsZ>

Tuesday, June 7<sup>th</sup>, at 01:30 PM – 2:15 PM:

Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZMLc-6hqDojHdMVoKMFHOiyXvpDTSvVQtW>

### PURPOSE OF REQUEST:

To respond to the growing respite care needs of Colorado’s family caregivers, Easterseals Colorado is seeking applications from qualified entities currently providing respite services. Respite care provides family caregivers with a break from caregiving. Respite care can be provided in a home, at a center, or in the community. The key is that the caregiver must have the opportunity to leave and know their loved one is being cared for. This grant program supports services across the lifespan and health and disability spectrums and serves the entire state of Colorado.

This grant program is funded through Colorado State General Funds and is managed by Easterseals Colorado and the Colorado Department of Human Services, State Unit of Aging. The intent of these funds is to increase access to respite care options for family caregivers and to help agencies build the capacity to provide additional services. **All funds are specified to be used to support families as a Payer of Last Resort (i.e., families who do not actively receive respite allocations through Medicaid waivers or other funds). Grant applicants must define how your agency will determine the populations most in need within its application.**

**Special Note:** Easterseals Colorado also offers a separate Family Respite Voucher Program, where families can apply directly for financial assistance for respite services. **Agencies can participate in both the voucher and grant program but cannot serve families simultaneously using both funding sources. If an agency is awarded a grant and actively participates in the voucher program, the agency must work with Easterseals Colorado to ensure proper allocation of funds and prevent duplication of families served during the grant period.** To learn more about these programs, please visit [www.coloradorespitecoalition.org](http://www.coloradorespitecoalition.org).

To submit your application, follow this link:

[www.coloradorespitecoalition.org/our-programs/grant-opportunities](http://www.coloradorespitecoalition.org/our-programs/grant-opportunities)

**APPLICANT ELIGIBILITY:**

Any for-profit, nonprofit, tax-exempt organization (including faith-based), or government entity is eligible to apply.

To qualify, the organization at a minimum:

- Must be based in and provide services in the state of Colorado, to Colorado families.
- Must be **currently providing respite services** including but not limited to adult day service, out-of-home, or in-home respite services to families of children or adults with special needs, foster families, and/or kinship caregivers. **New programs are not eligible for funding.**
- Must conduct fingerprint-based background checks on all providers (staff and volunteers) supporting this grant through the CBI or equivalent. All background checks must be completed and reviewed before services can be provided. See page 9 for information.
- Employers comply with C.R.S. § 26-3.1-111, which requires certain employers to obtain a CAPS check to determine if a person who will provide direct care to an at-risk adult is substantiated in a case of mistreatment of an at-risk adult. These employers must register with the CCU (ccu.colorado.gov) before they can request a CAPS check.
- Must carry a Protected Information Insurance Policy or add policy during the grant period. Easterseals Colorado must review and verify prior to service provision.
- Must be willing to accept a maximum reimbursement rate of \$30.00 per hour of care.
- Must be registered on [www.coloradorespitecoalition.org](http://www.coloradorespitecoalition.org) as a respite provider at the time of application. If an organization is not on the Respite Locator, register at the link prior to submitting the application. [coloradorespitecoalition.org/resource-finder/register.php](http://coloradorespitecoalition.org/resource-finder/register.php)
- Must understand that funds are specified to **provide respite services at low or no cost to families**. If the agency plans to charge any amount to families, that amount must first be approved by Easterseals Colorado staff. Funds cannot under any circumstances be used for food or beverage.
- Must utilize grant funds to support access to respite services. Indirect costs must not exceed 13% of the total amount requested.

**Please ensure your organization meets all of the requirements above prior to submitting an application. There are no exceptions.**

**AWARD AMOUNT AND TERM:**

The organization/agency will be awarded funds to support families in need of respite care. The organization/agency is not required to provide a match or in-kind donations, but it is encouraged when available to stretch the funds further. The organization/agency which receives funds must currently provide respite services. These funds cannot be used for startup programs or for brick-and-mortar. No funds may be used for food or beverages at any time.

- The anticipated award range is \$5,000 - \$35,000. **Services must be provided by May 6, 2023.**

**Scoring:** Applications will be scored based on the point values listed within the application narrative, including how well agencies answer questions in the narrative, completion of the application, and adherence to grant program parameters. The grant review committee is selected by a statewide coalition of entities that focus on the needs of caregivers of at-risk persons.

**Grant Reporting:** Grantees will execute a contract with Easterseals Colorado and must meet the outcomes determined in the grantee proposal. Grantees must evaluate determined outcomes, through surveys or other methods, and report results to Easterseals Colorado. Grantees will complete a data collection form outlining hours of service provided to each family and administer the Easterseals Colorado caregiver survey to each family served. These items will be sent with the grant contract upon award notification.

**Payment:** Payment for the grant award will be made in two sums, at approximately the halfway point and at the conclusion of services, per receipt of the required documents.

### **HOW TO APPLY:**

**All of the following items must be submitted online only by JULY 1, 2022 at 5:00 pm.**

**Apply online only:** [www.coloradorespitecoalition.org/our-programs/grant-opportunities](http://www.coloradorespitecoalition.org/our-programs/grant-opportunities)

- Under grant opportunities, there will be a 'Submittable' button. Select to begin the process.

**Late and/or incomplete applications will not be considered. The grant review committee reserves the right to deem an application ineligible if it does not include all the required documents or does not follow the required formatting. Please follow the Application Checklist (page 4).**

### **Required application items:**

- Cover letter signed by Executive Director or another authorized signatory
- Grant application narrative (see page 5)
- Respite Grant Summary Form (see page 7)
- Proof of nonprofit status (if applicable)
- Respite program budget with narrative as needed (see page 8)
- Current agency budget
- Certificate of Good Standing from the Secretary of State (nongovernmental organizations only)
- Certificate of Insurance including Protected Information Insurance Policy or statement that agency will add policy during the grant period.
- Policy/procedures that assure staff providers supporting this grant complete the fingerprint-based background checks and CAPS background checks (see page 9)
- Most recent financial year audited statement, if available, or organization's 990.

**Apply online ONLY:** [www.coloradorespitecoalition.org/our-programs/grant-opportunities](http://www.coloradorespitecoalition.org/our-programs/grant-opportunities)

Under grant opportunities, there will be a 'Submittable' button. Select to begin the process.

**Applications by mail or dropped off in person will not be accepted.**

### **HAVE QUESTIONS?**

- If you have questions about the submission process or the application, please contact Megan Bettinger at [mbettinger@eastersealscolorado.org](mailto:mbettinger@eastersealscolorado.org) or 303-233-1666 x419, as early as possible.
- Frequently asked questions are posted on [www.coloradorespitecoalition.org](http://www.coloradorespitecoalition.org).

## **APPLICATION CHECKLIST:**

The Respite Grant application consists of the following components, which should be submitted in the order listed below. The checklist is provided to help ensure a complete proposal. The checklist does not need to be submitted with the proposal.

**Applications must be submitted in the order listed below. Please submit online at:**

**[www.coloradospitecoalition.org/our-programs/grant-opportunities](http://www.coloradospitecoalition.org/our-programs/grant-opportunities)**

- Under grant opportunities, there will be a 'Submittable' button. Select to begin the process.

### **Section I: Cover Letter**

*The cover letter must be included as the first document in the grant application.*

- Include the purpose of the grant request and a brief description of the respite program. The cover letter should be signed by the Executive Director or authorized signatory and must not exceed one page in length.

### **Section II: Narrative**

*Applications with improper formatting will be deemed ineligible for review.*

- All questions must be answered, and answers must be organized so that it is clear which question is being answered (see page 5)
- **Formatting:** Use a minimum of 12-point font with 1-inch margins. Please use page numbers. It is not necessary to repeat the text of the questions.
- **Page Limit:** Maximum of five double-spaced pages (tables can be single-spaced). Page limit applies to the narrative section only.

### **Section III: Attachments**

*Incomplete applications will be deemed ineligible for review. Attachments are not included in the narrative page count.*

- Respite Grant Summary Form (see page 7)
- Proof of nonprofit status (if applicable)
- Proposed respite program budget with detailed narrative (see page 8)
- Current agency budget
- Certificate of Good Standing from the Secretary of State (nongovernmental organizations only)
- Certificate of Insurance including Privacy Insurance Policy or statement that agency will add such policy during the grant period
- Policy/procedures that assure staff providers supporting this grant complete fingerprint-based background checks and CAPS checks were applicable (see page 9)
- Most recent financial year audited statement, if available, or organization's 990

**Thank you for your time and effort in completing this application.**

## NARRATIVE QUESTIONS

Limit narrative, questions 1-6, to five double spaced pages using 1" margins and minimum of 12-point font. Include page numbers.  
***Applications submitted without proper formatting will not be reviewed.***

**Q1: Please explain the organization's mission and vision. Also, describe the population(s) served by age group and type of need (i.e., children 0-18 with developmental disabilities). (5 points)**

- Target population? (Children vs. older adults, condition-specific, etc.)
- Counties/Areas/Regions served?
- How many individuals are served annually?

**Q2: Please describe your organization's current in-home or center-based respite services. (15 points)**

- How long has the respite program been in existence?
- What are the general staff provider qualifications?
- Frequency of the program/respite services?
- Describe how your respite services allow the caregiver to leave the site where care is provided.
- Describe the current funding of this program.

**Q3: How will your organization utilize this grant if awarded? How will you determine the clients who are most in need of this award? If your proposal is requesting funds for multiple programs, all programs must be described. (40 points)**

- In detail, how will funds be used to support respite services?
- In total, estimate how many clients will be served with this grant. How many do you estimate will be new clients?
- How will clients be selected for services based on need? Will prioritization be given to caregivers with no other means of respite options?
- What adaptations have been made or will be made to provide services safely during the pandemic?

**Q4: Describe the objective and expected outcomes for the program from this financial award. Please use a minimum of two measurable outcomes. (20 points)**

- How does the organization specifically measure the respite outcomes?
- Description of at least two measurable outcomes from this financial award. (Two measurable outcomes is the minimum expected)
  - For example, 88% of caregivers will report a reduction in stress as a result of respite provided through the grant, as measured by the organization's own survey

**Q5: What is your organization's relationship with the community? For example, do you partner with other organizations to deliver respite care or utilize community volunteers? (5 points)**

- Does your organization partner with other organizations to deliver services?
- How will you provide outreach within the community to reach families in need of respite services?

**Q6: Budget (See sample budget on page 6) (15 points)**

- Is the budget clear and easy to read?
- Are there any mathematical errors?
- Is the budget narrative detailed?
- Are all costs appropriate for the grant?

**Q7: Bonus Points:** Programs serving families who live in a frontier or rural county (as determined by the attached State Office of Rural Health rural county map from 2022) are eligible for a maximum of **5 bonus points**. Please indicate which counties you serve and explain whether you are eligible for these bonus points.

According to the State Office of Rural Health, Colorado Rural Health Center (*see attached map*)

- a **frontier county** is a county that has a population density of six or fewer residents per square mile.
- a **rural county** is a non-metropolitan county with no cities over 50,000 residents.

**Frontier counties of Colorado:** Baca, Bent, Cheyenne, Costilla, Custer, Delores, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Moffat, Rio Blanco, Saguache, San Juan, San Miguel, Sedgewick, Washington, Yuma

**Rural counties of Colorado:** Alamosa, Archuleta, Chaffee, Conejos, Crowley, Delta, Eagle, Fremont, Garfield, Grand, Lake, Logan, La Plata, Montezuma, Montrose, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Rio Grande, Routt, Summit

**Urban counties of Colorado with rural areas:** Larimer, Park, and Mesa.

**RESPITE GRANT SUMMARY FORM**

Form must be one page single-spaced. All fields must be complete.  
This page is not included in the narrative page count.  
***Applications submitted without all required elements or improper formatting will be deemed ineligible.***

Name of Organization: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Name of Respite Program: \_\_\_\_\_

Grant Application Contact (include name, title, phone, address, and email): \_\_\_\_\_

\_\_\_\_\_

Agency-wide, how many individuals do your respite programs serve annually? \_\_\_\_\_

***The questions below should be answered only for the program applying for funds:***

Amount of grant request: \_\_\_\_\_

Will you accept a partial award, a minimum of \$5000? \_\_\_\_\_

What percentage of your total program budget does your request equal? \_\_\_\_\_

What is the population being served (ages and special needs)? \_\_\_\_\_

How many clients does your agency anticipate serving with the requested funds? \_\_\_\_\_

Of the clients you anticipate serving, how many will be new clients? \_\_\_\_\_

How many hours of respite will you provide? \_\_\_\_\_

What is the program cost of one hour of respite care? (Cannot exceed \$30.00/hour) \_\_\_\_\_

What is the staff to participant ratio? \_\_\_\_\_

Approximately how many clients are currently on a respite waitlist (if applicable)? \_\_\_\_\_

What geographic area (county) does this respite program serve? \* \_\_\_\_\_

\_\_\_\_\_

\*Additional points will be given to organizations serving rural/frontier counties (as determined by the attached Rural Health Center map).

**BUDGET: REQUESTED FUNDS NARRATIVE**

**Please be very detailed** (i.e., If including staff, list the number of staff, positions, rate, number of hours, etc.) The budget should reflect the use of requested funds by the program. Other funds (in-kind/leveraged) should be described using a separate section. **Food & beverage are not eligible expenses.**

- Applicants must use the budget template or have the budget approved prior to submission.
- **Applicants must also submit a complete annual program budget separately.**

**Sample Budget - follow the format and adjust it to reflect your grant request information**

<b>Requested Funds</b>	\$4,405
<b>In-Kind/Leveraged Funds</b>	\$5,400

<u>EXPENSE</u>		
<b>Compensation</b>		
Salaries & Wages	\$3,000	Respite Coordinator (20 hrs/wk for 7.5 weeks at \$20/hr)
Benefits	\$320	Respite Coordinator benefits
Taxes	\$280	Respite Coordinator benefits
<b>Total Compensation:</b>	<b>\$3,600</b>	

<u>Other Expenses*</u>		
Supplies	\$400	Arts & crafts supplies, games, office supplies for respite nights
Professional Fees	\$255	Fingerprint fees at \$15 for 15 staff & volunteer providers
Travel & Transportation	\$80	200 miles at \$0.40 for respite coordinator
Printing & Advertising	\$100	Printing of training manuals, respite schedules
<b>Total Other Expenses:</b>	<b>\$805</b>	

<b>TOTAL GRANT REQUEST:</b>	<b>\$4,405</b>
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In-Kind/Leveraged Funds Narrative Professional Fees	<b>\$5,400</b>	30 volunteers at \$24/hour for 7.5 weeks, 30 hours total
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*\*Categories may be added by the applicant as needed.*



**Easterseals Colorado and Colorado Respite Coalition**

**Attestation of Compliance with Background Checks and CAPS**

- By checking this box, I attest that my agency is in compliance with C.R.S. § 26-3.1-111, which requires certain employers to obtain a CAPS check to determine if a person who will provide direct care to an at-risk adult is substantiated in a case of mistreatment of an at-risk adult. The full list of employers required to obtain CAPS checks are listed at C.R.S. § 26-3.1-111.
  
- By checking this box, I attest that my agency is in compliance with C.R.S. § 27-90-111, which requires state-funded contracting agencies that employ persons to serve in positions that involve direct contact with vulnerable persons in the homes and residences of such vulnerable persons, to complete fingerprint-based background checks of such employees through the Colorado Bureau of Investigation (CBI) or another background check system that provides information at the same level of detail or higher than the CBI records check.
  
- By checking this box, I attest that my agency requires that any employees, volunteers, or contractors responsible for transporting clients possess a valid Colorado driver’s license and have not had any alcohol or other substance-related driving offenses within the past three years, or two or more convictions or chargeable accidents within the past two years.

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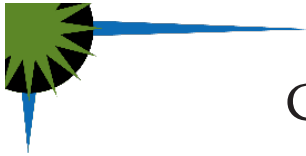
Agency Representative Signature

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Agency Representative Name and Title

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Date



# Colorado: County Designations, 2022

## County Classifications

- Urban (17)
- Rural (24)
- Frontier (23)
- Rural areas of Urban Counties (approximate)

0 25 50 miles

Data Source Information:  
 Site addresses were collected and geocoded by the State Office of Rural Health, current as of January 2016.

