



**NATIONAL FAMILY CAREGIVER
MINI-GRANT OPPORTUNITY
April 29, 2019 – June 30, 2019**

FOR SERVICES FUNDED UNDER THE UNITED STATES ADMINISTRATION
FOR COMMUNITY LIVING (ACL), ADMINISTRATION ON AGING (AOA),
PURSUANT TO THE OLDER AMERICANS ACT
OF 1965, AS AMENDED IN 2016

Kentuckiana Regional Planning and Development Agency (KIPDA)
11520 Commonwealth Drive
Louisville, KY 40299
Phone: (502) 266-5571
Fax: (502) 266-5047
E-Mail: barbara.gordon@kipda.org

Serving the counties of Bullitt, Henry, Jefferson, Oldham, Shelby,
Spencer and Trimble

I. INTRODUCTION AND STATEMENT OF PURPOSE

Kentuckiana Regional Planning and Development Agency (KIPDA) has been designated the Area Agency on Aging in accordance with Administration for Community Living (ACL), Administration on Aging (AOA), pursuant to the Older American's Act of 1965 (amended 2016) and Regulations thereto. KIPDA is identified as the Area Agency on Aging and Independent Living (AAAIL) by the Kentucky State Unit on Aging, the Department for Aging and Independent Living as established through Executive Order, December 2006. As the Area Agency on Aging and Independent Living (AAAIL), KIPDA is responsible for administering federal and state funded programs for the citizens of the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble, which comprise the KIPDA AAAIL service area. In this capacity, KIPDA will support a network of service providers whose mission is to establish and develop services for older adults throughout the KIPDA region.

KIPDA is seeking organizations capable and willing to provide services effective **April 29, 2019 - June 30, 2019**.

KIPDA will award approximately 5 **mini-grants** up to the amount of **\$5,000 each** to support the cost of programs and services that will assist caregivers, or grandparent or another older relative caregiver of a child. Awards will be made to organizations submitting a complete and realistic plan to support the cost of programs and services to caregivers, and grandparent or another older relative caregiver of a child. Services may be a coordinated effort among **multiple** organizations with one organization serving as the lead applicant on behalf of all organizations involved. Organizations are required to utilize the funds to support programs and services that support caregivers and/or Grandparent or another older relative caregiver of a child.

Organizations selected to receive National Family Caregiver funds must be prepared to implement and carry out the stated project within the time frame established in this application, submit a report to KIPDA upon the conclusion of a project or event to include: date(s) of service, name of the caregiver/grandparent or other older adult relative served, programs and services conducted consistent with approved application and proposed expenditure of the funds. Completion of programs and services, prior to KIPDA's scheduled deadline for project completion, **June 30, 2019**, is necessary in order to receive payment.

II. TIMELINE FOR PROCESS

- | | |
|-----------------------|---|
| April 2, 2019 | National Family Caregiver mini-grant applications released. |
| April 8, 2019 | Deadline to submit questions regarding the grant and information requests in writing to KipdaDSS.Procurement@kipda.org . |
| April 12, 2019 | Applications due to KIPDA by 4:00 p.m., 11520 Commonwealth Drive, Louisville, KY 40299 or via e-mail to KipdaDSS.Procurement@kipda.org OR at the reception desk. |

- April 25, 2019** Recommendations for award of KY Caregiver funds presented to KIPDA Board.
- April 26, 2019** Organizations notified of decision for award or non-award.
- April 29, 2019** Organizations selected for award begin project implementation and planning.
- June 30, 2019** Projects conclude on or before this date.
- July 8, 2019** Final day to submit project outcome reports for payment.

Application Submissions: Submit one application via e-mail to KipdaDSS.Procurement@kipda.org or to the attention of Barbara Gordon, Director of Social Services at the KIPDA reception desk no later than 4:00 p.m. **Friday, April 12, 2019.** Applications submitted after the established deadline will not be considered. Applications must be complete and include information related to proposed services and projected expenditures utilizing the application format contained in this issuance.

III. ELIGIBLE TARGET POPULATION TO BE SERVED:

- A. National Family Caregiver funds may be used to serve individuals who meet the following eligibility criteria:
 - a. **Caregiver** – An adult family member or another individual, who is an “informal provider” of in-home and community care to an individual age 60 or older. This category also includes caregivers of individuals with a diagnosis of Alzheimer’s Disease and related disorders with neurological and organic brain dysfunction (diagnosis must be verified by a doctor’s statement) who are under 60 years old.
 - b. **Child** – An individual who is not more than 18 years of age or an individual 19-59 years of age who has a severe disability. The term relates to a grandparent or other order relative who is a caregiver of a child.
 - c. **Grandparent or other older relative caregiver of a child (Federal funded program)**– A grandparent, step-grandparent or other relative of a child by blood or marriage, who is 55 years of age or older and:
 - **Lives with the child;**
 - **Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and**
 - **Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.**

B. Eligibility Process:

Applicants awarded a National Family Caregiver mini-grant will assist KIPDA in eligibility determination of participants for which funds will be expended. It is imperative that all participants served by the proposed program are determined eligible for the National Family Caregiver program prior to implementation or receipt of services

1. Each participant to be served must fully complete and sign application/intake form which will be provided to successful applicants upon award.
2. The application/intake form must be signed by the caregiver and/or grandparent or other older relative caregiver of a child.
3. Once the form is complete and supporting documentation has been obtained, fax all information to KIPDA for review and completion of the eligibility process.
4. Upon receipt of documentation from provider then KIPDA will notify the applicant liaison of the eligibility status.

Note: Intake/Eligibility forms must be completed and provided to KIPDA to complete the final eligibility determination prior to a scheduled event or initiative. Participants that do not meet program eligibility requirements may participate in scheduled activities, but not at the expense of the KIPDA funded initiative. The applicant will be responsible for the cost of ineligible participants.

IV. ALLOWABLE NATIONAL CAREGIVER FUNDED PROGRAMS AND SERVICES:

The goal of this initiative is to support our communities that have implemented or are planning to implement programs and services that address the needs of caregivers and grandparents or other older adult relatives that are raising a child. Applicants must be able to plan and implement these projects very quickly. Ideally, KIPDA will support initiative where planning has already begun, development and early implementation of new ideas, and/or existing projects that need additional support. These funds cannot be used to supplant existing funds supporting a project. The intent of the National Family Caregiver Mini-Grant Opportunity is to support the cost of the following types of activities:

PROGRAM AND SERVICE DEFINITIONS:

- a. **Support Groups (1 session per participant equals one unit)** – Clearly defined support group(s) that meet on a regularly scheduled basis and do not necessarily target any specific caregiver types. Support groups focus on common issues of caregivers such as depression, stress, isolation, coping skills, resources available and how to access them, self-care, etc. May include development and printing of necessary materials and promotion of the program. Support groups must provide education and information pertinent to caregiver needs such as health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

- b. **Caregiver Training** (1 session **per participant** equals one unit) – Providing carefully structured opportunities for caregivers to acquire knowledge and a variety of caregiver skills. Includes individual or group events designed to increase awareness of caregiver’s needs through topics such as coping skills, hands on skills, communication, nutrition, medications, lifestyle changes, day-to-day survival, coping with difficult behavior, emotional and physical needs through the stages of being a caregiver, dealing with employers, financial issues, death and grief, grandparents raising grandchildren issues, etc. For caregiver training a structured program outline shall be included with the Applicants may include the cost of development and printing of necessary materials and promotion of the program with the total cost of training. Suggested categories for training include, but are not limited to:
- i. Training centers targeting caregivers caring for an elder person who is hearing impaired. Training focus will be on assistive technology information, videos, manuals, resource lists and interpretive services available to assist caregivers.
 - ii. Training for elderly primary caregivers of adult children with mental retardation and/or developmental disabilities.
 - iii. Training for family caregivers caring for loved one with Alzheimer’s disease to help identify, reduce stress and manage difficult behaviors.
- c. **Respite** (1 hour of respite service equals one unit) – Temporary, substitute supports or living arrangements to provide a brief period of relief or rest for caregivers. It can be in the form of in-home respite, adult day care respite, or institutional respite for an overnight stay on an intermittent, occasional, or emergency basis. To be eligible for services, the care recipient must meet the definition of frail. Frail means: Functionally impaired in the performance of two activities of daily living; or three instrumental activities of daily living; or a combination of one activity of daily living and two instrumental activities of daily living.

PROGRAM AND SERVICE EXAMPLES

- a. **Support Groups:**
- i. **Established Support Groups needing additional funds to facilitate outreach activities to inform community about the support group.**
 - ii. **Established Support Groups needing assistance with coordination of activities, materials, supplies, etc. to facilitate implementation of SG.**
 - iii. **Funds to facilitate coordination of activities required to develop a Support Group in community. At least one SG must occur before June 30, 2019.**
- b. **Caregiver Training:**
- i. **Established Caregiver Training needing additional funds to facilitate outreach activities to inform community about the caregiver training.**

- ii. **Established Caregiver Training needing assistance with accessing trainers, materials, supplies, etc. to provide the training to Caregiver in the targeted community.**
- iii. **Develop a caregiver training series targeting a specific topic area and/or trainer. The training must be completed by June 30, 2019.**

c. Respite:

- i. **Offer Respite for Support Group and Caregiver Training participants.**
- ii. **Provide Respite to caregivers to support the health, safety and welfare of the caregiver and the care recipient.**

V. CONDITIONS TO APPLY

Organizations wishing to submit an application must meet the following conditions:

1. **Financial Capability** – Organizations must be capable of providing a portion of the cost of the scheduled events or programs and **utilize KY Caregiver funds for additional support or expansion of existing programs and services.**
2. **Eligible to Conduct Business in Kentucky** – Organizations shall possess a valid License or registered to conduct business in Kentucky and maintain a KY employer tax identification number. Organizations may be incorporated or registered with the Secretary of State's Office or possess a current 501(C)(3) certificate to conduct business as a not-for-profit organization. Government or quasi-governmental organizations may also be eligible to apply.
3. **Experience** – The applicant is experienced in the delivery of human service, educational and/or community service programs as proposed (at least 3 years of experience).
4. **Reporting** Eligibility forms are required to be submitted to KIPDA at intake. In addition, reporting sheets will be provided with Award Letters, and are to be submitted at the completion of the project, no later than July 8, 2019.
5. **Facilities** – Applicant facilities where services are to be performed meet federal accessibility requirements and OSHA standards for safety and cleanliness.
6. **Staffing** – Staff, subcontractors and volunteers are appropriately trained to assist during a scheduled event and have completed a criminal record check as required under KRS 216.793.
7. **Match** – Federal Title III-E National Family Caregiver funds normally require state and local match, however for these mini-grants, KIPDA is providing the required match.

VI. AGREEMENT AND PAYMENT FOR SERVICES:

Upon notification of award, organizations selected to receive a mini-grant to support the cost of proposed initiatives will enter into an agreement between KIPDA and the selected organization. The agreement will outline the scope of services to be performed utilizing the National Family Caregiver funds and requirements to receive payment for services. Payment methods will be negotiated and available on either a cost reimbursement or unit price **contingent on** completion of the activity for the National Family Caregiver mini-grant funding period.

VII. REPORTING/ PERFORMANCE MEASURE:

All awarded organizations will be required to survey support group, respite, and/or training participants. The awarded organizations are expected to measure the outcomes of the funded services. Organizations electing to provide support group services will be required to measure the outcome of the services utilizing a survey to be administered at the beginning of the National Family Caregiver mini-grant period to all eligible participants and again at the end of the National Family Caregiver mini-grant period. Organizations electing to provide training or seminar series services will be required to provide a client satisfaction survey at the end of the training and at the end of each seminar series to all eligible participants.

**NATIONAL FAMILY CAREGIVER PROGRAM MINI-GRANT OPPORTUNITY
KENTUCKIANA REGIONAL PLANNING AND DEVELOPMENT AGENCY**

COVER PAGE
(Required for all applications)
FY 19

Legal Name of Organization: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Program Contact Person: [Click or tap here to enter text.](#)

Phone Number: [Click or tap here to enter text.](#) **Fax:** [Click or tap here to enter text.](#)

E-Mail: [Click or tap here to enter text.](#)

Fiscal Contact Person: [Click or tap here to enter text.](#)

Phone Number: [Click or tap here to enter text.](#) **Fax:** [Click or tap here to enter text.](#)

E-Mail: [Click or tap here to enter text.](#)

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Name of Authorized Official

Title

Signature of Authorized Official

Legal Form of Organization

- Non-Profit Community-Based Organization
 For-Profit Faith-Based Organization (Non-Profit)
 Other (Describe) [Click or tap here to enter text.](#)

Federal Tax I.D.# [Click or tap here to enter text.](#) **KY State Tax I.D.#** [Click or tap here to enter text.](#)

COUNTIES TO BE SERVED

- Jefferson Henry Bullitt Oldham Shelby Spencer Trimble

Number of years organization has provided proposed services: [Click or tap here to enter text.](#)

Date organization was established: [Click or tap to enter a date.](#)

**NATIONAL FAMILY CAREGIVER PROGRAM MINI-GRANT OPPORTUNITY
APPLICATION
NARRATIVE RESPONSES**

Complete each question as requested. Include sufficient information to provide a clear understanding of the service(s) proposed utilizing funds available under this National Family Caregiver mini-grant opportunity.

A. Description of Proposed Services and Utilization of Funds (no more than two pages)

1. Complete the following with a clear response to each item requested:

- a. Explain how National Caregiver funds will be used to support the proposed initiative: **Click or tap here to enter text.**
- b. Describe the agencies expectations of this project; what the agency intends to achieve from providing these services to eligible populations:**Click or tap here to enter text.**
- c. If the agency is using National Family Caregiver funds to expand a service, program or project, describe how the it will be enhanced utilizing these funds: **Click or tap here to enter text.**
- d. Identify the proposed number of eligible participants to be served: **Click or tap here to enter text.**
- e. Describe other funding sources to be utilized to support the cost of the proposed initiative and include a description of how the funding sources will support the program or service. **Click or tap here to enter text.**
- f. Identify the location where services will be provided:**Click or tap here to enter text.**
- g. Identify all staff that will be responsible for communication with KIPDA staff to determine eligibility:**Click or tap here to enter text.**
- h. Identify all staff and/or guest and their qualifications who will be leading support groups or presenting at the training or seminar series. **Click or tap here to enter text.**
- i. Description of plan to ensure proposed staff and/or volunteers to be used in carrying out services will receive a criminal record check in accordance with KAR 216.793. **Click or tap here to enter text.**

- j. If the agency is electing to provide training or a seminar series, provide an outline of the training or seminar series topics and tentative dates: **Click or tap here to enter text.**
- k. If the agency is electing to provide support group services, provide an outline of the schedule and planned session topics/issues to be discussed: **Click or tap here to enter text.**
- l. If the agency is electing to provide Respite, provide an outline of how these services will be utilized: **Click or tap here to enter text.**

B. Projected Timeline: Complete the following table indicating the projected timeline to begin and complete the proposed activities.

Start Date	End Date	Services: Description of Activity
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C. Budget Summary:

Complete the following budget summary to support the use of National Family Caregiver funds (no more than \$5,000 awarded).

Description of Proposed Expense	Purpose	Quantity	Amount Requested
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Total:			\$ Click or tap here to enter text.