# FORM 1 – COVERSHEET AND NARRATIVE

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| ORGANIZATION:  ORGANIZATION UEI NUMBER:  PARENT UEI (IF APPLICABLE):  COMPLETE ADDRESS:      TELEPHONE NUMBER:  EMAIL ADDRESS:  I CERTIFY THAT THIS ORGANIZATION IS AN “ELIGIBLE ORGANIZATION” AS DEFINED BY THIS FUNDING ANNOUNCEMENT.  I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPED NAME & TITLE OF SIGNER: |

**Organization Experience:**

1. Describe your organization’s experience with respite services and how this proposal will enhance and sustain your efforts.

or

If your organization is not experienced in providing respite services, describe how you will implement this new service into your organization.

1. Describe the organization’s capacity to successfully carry out the proposal in terms of staffing, administrative staff, volunteers, technology, financial resource management, other infrastructure, and ability to comply with proposal requirements. If you plan to recruit any additional staff or volunteers, please specify how many. Identify the roles and responsibilities of all staff and collaborating partners implementing your work plan.

1. Describe your organization’s relationship with the community. Include your organization’s history of serving the community and the current services offered.

1. Describe your organization’s experience with the delivery of need and interest-based services to older adults, children or adults with disabilities, and/or family caregivers.

1. Describe the unmet respite needs of the community.

**Program Overview and Design:** (\*please include this information is included in your Work Plan as necessary).

1. Describe the target populations (listed in 3.1) the local model will serve. The organization must serve one or more eligible lifespan populations.

1. Provide a descriptive summary of the proposed local model including its goals. Indicate the number of participants the program aims to assist and if these participants are new or existing clientele. Explain the rationale and strategy for creating your local model.

1. Describe how services provided through your local model would be innovative or different. Explain how it addresses unmet needs in the community.

1. List and describe the type and content of the respite services that will be provided including any new services not previously offered by your organization. \*

1. Explain the observable, measurable, and expected outcomes from the local model. This could include improving the family caregiver’s mental well-being, increasing community-based respite activities, or increasing the utilization of Lifespan Respite Subsidy authorized respite services either in the home or community.\*

1. Describe how your organization will increase the number of qualified Network screened respite providers based on identified needs. Include observable, measurable, and expected outcomes from the local model.\*

1. Describe the plan to increase community awareness of respite services and the availability of services.

1. Describe the organization’s strategy to include community input into the proposed local model.

**Sustainability and Dissemination:**

1. Describe the organization’s plan to meet the required minimum match. Explain how the strategy is feasible.

1. Describe the organization’s strategy to work to address sustainability for the local model after the contract ends.

1. Explain how the organization will prevent negative impacts on clients after the contract period ends should no other funding become available.

**Additional Proposal Information (if needed):**