**APPENDIX A**

**PA Care Partnership and Youth MOVE PA**

**RESPITE FUNDING OPPORTUNITY APPLICATION**

COVER SHEET WITH SIGNATURES

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| APPLICATION INFORMATION | |
| **Legal Name of Applicant Organization** |  |
| **Respite Funds Requested (Up to $10,000.00)** | **$** |
| OFFICIAL WITH AUTHORITY INFORMATION | |
| **Name of the official with authority to sign** |  |
| **Title** |  |
| **Address** |  |
| **City, Zip code + 4** |  |
| **Phone Number** |  |
| **Email** |  |
| SIGNATURE(s) | |
| **SIGNATURE OF OFFICIAL WITH AUTHORITY TO SIGN**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify I have read the application (narrative, assurances, budget, and supplemental documents, if applicable) and will comply with all provisions, including additional state, local, federal regulations and policies governing the funding that apply to my agency. | |
| **OTHER REPRESENTATIVE SIGNATURE:** (Optional)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify I have read the application (narrative, assurances, budget, and supplemental documents, if applicable) and will comply with all provisions, including additional state, local, federal regulations and policies governing the funding that apply to my agency. | |

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| PROGRAM CONTACT INFORMATION | |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Address** |  |
| **City, ZIP** |  |
| **Phone** |  |
| **Email** |  |
| BUSINESS MANAGER/ACCOUNTING CONTACT INFORMATION | |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Address** |  |
| **City, ZIP** |  |
| **Phone** |  |
| **Email** |  |

# PROJECT INFORMATION AND SCORING SECTION – 50 POINTS POSSIBLE (40 POINTS FOR NARRATIVE AND 10 POINTS FOR BUDGET)

**NARRATIVE** – Complete applications must have responses to all numbered questions in this section. Please review the instructions in the instructions document to ensure that you respond to all elements of each item. Enter your narrative responses within each numbered question below. (Note: Applications have county and agency deidentified during the review and scoring process.) Proposals should not be longer than six (6)pages and should include a budget on how the funding will be utilized. The cover sheet and budget are not counted in the six (6) Pages.

## Project Title

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## Needs Statement – 10 points maximum

1. **Identify the primary audience that the proposed project will serve**

Use an **X** to select all that apply to your *primary* audience.

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| ☐ All ages  ☐ 0-5 years  ☐ 6-12 years  ☐ 13-17 years  ☐ 18-25 years | ☐ American Indian or Alaska Native  ☐ Asian  ☐ Black or African American  ☐ Hispanic or Latino  ☐ Native Hawaiian or other Pacific Islander  ☐ Urban ☐ Suburban ☐ Rural  ☐ Intergenerational groups (excluding families) | ☐ Families  ☐ Immigrants/refugees  ☐ Low income  ☐ Unemployed  ☐ People with disabilities  ☐ People with limited functional literacy or informational skills |

1. **Detail who had active input in creating the proposal by at least one system partner (County Agency or Provider, Community Partner), one youth, and one family member, with all entities signing off on the submission.**

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| **Name** | **System Department/Agency, Youth, Family** |
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1. **Summary of Youth Respite vision or plan, please provide information on the following. (500 Words Max)**
   1. **Description of the program.**
   2. **Location**
   3. **Population served and Estimated Number Served**
   4. **Length of Operation**
   5. **How the funding will be used to enhance the program.**

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## How will the program implement approaches to engage youth and young adults to utilize the respite? (150 words Max)

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1. **If a community agency or provider, have you requested and received a letter of support for the respite project from your local county? (If yes, include it in your application.)**

**Yes**

**No**

## Project Plan Implementation– 15 points maximum

Describe your plan for implementing this project. (300 Words Max)

1. **Project Implementation** 
   1. **Include a timeline for the project.**
      1. **Your timeline should identify project activities, milestones, and/or strategies that make up your project plan.**

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## Project Outcomes – 15 points

1. **What would you like to see change as a result of this funding opportunity? (300 Words Max)**

**A complete response will:**

1. **Describe the desired/intended result of the funding opportunity.**
2. **Explain how this project could reduce out-of-home placement, retention in the community, and/or family satisfaction.**
3. **Provide the project’s anticipated outcomes, even if not measured during the project time frame**
4. **Detail how this project can impact future services.**

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## Describe how funding will be utilized. (150 Words Max)

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## How will the youth organization implement strategies to engage youth to be part of the organization? (150 words Max)?

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## Detail current or proposed data collection for program demographics, utilization, target audience, and program effectiveness. (150 Words Max)

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**PLEASE COMPLETE APPENDIX B, FUNDING OPPORTUNITY BUDGET TO COMPLETE APPLICATION**

**ATTACHMENT:**

APPENDIX B- FUNDING OPPORTUNITY BUDGET