

## APPENDIX A

### PA Care Partnership and Youth MOVE PA RESPITE FUNDING OPPORTUNITY APPLICATION

**COVER SHEET WITH SIGNATURES**

<b>APPLICATION INFORMATION</b>	
<b>Legal Name of Applicant Organization</b>	
<b>Respite Funds Requested (Up to \$12,500.00)</b>	\$
<b>OFFICIAL WITH AUTHORITY INFORMATION</b>	
<b>Name of the official with authority to sign</b>	
<b>Title</b>	
<b>Address</b>	
<b>City, Zip code + 4</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>SIGNATURE(s)</b>	
<b>SIGNATURE OF OFFICIAL WITH AUTHORITY TO SIGN:</b>	
_____ 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.	
<b>OTHER REPRESENTATIVE SIGNATURE: (Optional)</b>	
_____ 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.	

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 questions and instructions in the instructions document to ensure that you are responding 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.

**1. Project Title**

--

**Needs Statement – 10 points maximum**

**2. Identify the primary audience that will be served by the proposed project**

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

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

**3. Detail who had active input in the creation of 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.**

Name	System Department/Agency, Youth, Family

**4. Provided a summary of how the proposal was developed, including how the youth, family, systems, and providers were involved in the creation of the proposal. (75 Words Max)**

**5. Describe the population to be served and what will be provided to each community, i.e., direct services, training, etc. (75 Words Max)**

**6. How many individuals do you expect will be served by this project, including what data was used to determine this figure. (75 Words Max)**

**7. Describe your vision or idea for the respite program. (100 words Max)**

**8. Describe how funding will be utilized. (100 Words Max)**

**9. Where will this take place ( county-wide, provider-specific)? (25 Words Max)**

**10. How will the program implement approaches to engage youth and young adults to utilize the respite? (100 words Max)**

**11. Will the program be able to participate in monthly calls, data collection, etc. Please describe any barriers to this. (75 Words Max)**

**12. If you are enhancing a current program, please provide information on the following. (300 Words Max)**

- A. Description of the program.**
- B. Location**
- C. Population served**
- D. Length of Operation**
- E. How the funding will be used to enhance the program.**

**13. 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 in your application.)**

- Yes**
- No**

**Additional information related to the letter of support, if applicable. (75 Words Max)**

## **Project Plan Implementation– 15 points maximum (300 Words Max)**

Describe your plan for implementing this project. (Use Space Allotted)

**14. Project Implementation**

**A. Include a timeline for the project.**

- i. Your timeline should identify project activities, milestones and/or strategies that make up your project plan.**

## **Project Outcomes – 15 points (300 Words Max)**

**15. What would you like to see change as a result of this funding opportunity?**

**A complete response will:**

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

**16. How will the program sustain or adapt once the funding opportunity has ended? (100 Words Max)**

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

**18. Those applying and receiving funding must agree to participate in monthly calls to discuss program successes and challenges, data collection efforts, and support the development of a best practice tool to be shared for future use. Please check below.**

**Yes, we will participate in the learning community monthly calls. (Required to apply)**

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

**ATTACHMENT:  
APPENDIX B- FUNDING OPPORTUNITY BUDGET**