
THE BROOKDALE RELATIVES AS PARENTS PROGRAM (RAPP)
REQUEST FOR STATE PROPOSALS (RFP) – YEAR 2019

Due Date: Wednesday, June 12, 2019

(Please type or print clearly)

Name of State Public Agency:

Address:

City: _____ State: _____ Zip: _____

Director (Name and Title):

Phone Number: () _____ Fax Number: () _____

Email address: _____

Name, title and current responsibilities of the State Agency staff person who will have overall administrative and supervisory responsibility for the RAPP Initiative:

Phone Number: () _____ Fax Number: () _____

Email address: _____

Name, title and role of the person who will serve as the RAPP Coordinator:

Phone Number: () _____ Fax Number: () _____

Email address: _____

Section I: The Proposed Program

- a. Describe your proposed program and indicate how you plan to address the three areas of activities required in the Guidelines. Be sure to state how you intend to recruit the local agencies that will sponsor new support groups and services for relative caregiving families. In addition, include any other activities you plan to undertake.

[Attach additional pages as needed]

- e. Describe the collaborative activities that you plan to undertake. If you are going to establish any formal partnerships with another State agency or statewide organization, please indicate what role each agency will play and attach letters of support that identify their contributions.
- f. Indicate why your agency should be selected to establish the RAPP Statewide Initiative.

Section II: The Sponsoring Organization

a. Give a brief description of the services to relative caregivers that your agency currently provides.

b. Identify current staff resources and services of your State Agency in the programmatic, administrative and fiscal areas that can be made available to the RAPP Initiative.

Section III: Fiscal Information

FIRST YEAR EXPENSES:

PERSONNEL (By Position) (Full Time Equivalent)	BROOKDALE	SPONSOR	OTHER	SPECIFY SOURCE and if Cash or In-kind
RAPP Supervisor (___%FTE)	\$	\$	\$	
RAPP Program Coordinator (___%FTE)	\$	\$	\$	
Other Staff:	\$	\$	\$	
	\$	\$	\$	
Benefits (at_____%)	\$	\$	\$	
PERSONNEL EXPENSES (Total each column)	\$	\$	\$	
OTHER THAN PERSONNEL SERVICES (OTPS)				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
OTPS EXPENSES (Total each column)	\$	\$	\$	
TOTAL PERSONNEL AND OTPS		\$	\$	
GRAND TOTAL (Total of all 3 columns)	\$			
	\$	\$	\$	

GRAND TOTAL (Total of all 3 columns) \$

*Grand Total of Expenses should not be more than Grand Total of revenues listed on following page.
Note: The Brookdale grant funds may be used for mini-grants to local agencies ready and able to initiate new support groups in local communities.

Section IV: Fiscal Information**ANTICIPATED REVENUES - First Year**

Source	Cash	In-kind	Currently available	Pending
BROOKDALE	\$ 10,000			
Sponsor Contributions:	\$	\$		
Personnel:				
OTPS:				
Contributions of collaborating agencies[Please list]				
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Donations, Contributions, Grants	\$	\$		
Other:	\$	\$		
	\$			
FIRST YEAR REVENUES	\$	\$		
GRAND TOTAL *	\$	\$		

GRAND TOTAL (Cash and In-kind)*	\$
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*Grand Total of Revenues should not be less than Grand Total of Expenses listed on preceding page.

Section V: Submission of the Proposal and Required Attachments

All attachments must be securely stapled to the back of each proposal and labeled Attachment A, B, C or D as appropriate.

- Attachment A: **Verification of organization's 501(c)(3)**, public entity or equivalent tax-exempt status – **the name on the verification must match your organization's name.**
- Attachment B: Resume of staff person who will be the sponsoring agency's supervisor.
- Attachment C: Resume of proposed RAPP Program Coordinator, if known.
- Attachment D: **At least three letters of support** from key agencies in the community should be submitted. Organizations should indicate resources or support they are willing to provide to your program. All letters of support must be attached to your proposal.

All attachments must be submitted with the proposal. Letters of support and any other attachments will not be accepted if they are sent separately from the submission of the four hard copies of the proposal, or the emailed grant application. Proposals that do not follow the above format or are not received by **4:00 PM ET on Wednesday, June 12, 2019** will not be accepted.

Four (4) Hard copies of the grant proposal are to be mailed to:

The Brookdale Foundation Group
300 Frank W. Burr Blvd., Suite 13
Teaneck, NJ 07666

Or, emailed as attachments to: rappfp@brookdalefoundation.org

ATTACHMENT C

*SAMPLE TAX-EXEMPT STATUS
VERIFICATION LETTER*

[Print on Agency Letterhead]

DATE

The Brookdale Foundation Group
300 Frank W. Burr Blvd., Suite 13
Teaneck, NJ 07666

To Whom It May Concern:

Please be advised that the (Name of Agency) is within the Department of _____ in the state of _____. Therefore, (Name of Agency) is an organization that is described in Section 170(c)(1) of the Internal Revenue Code of 1986.

I understand that the Brookdale Foundation, a private foundation for Federal income tax purposes, is relying on the accuracy of the above statement in making a grant to (Name of Agency).

Sincerely,

General Counsel