

Name of Organization: \_\_\_\_\_

**THE BROOKDALE RELATIVES AS PARENTS PROGRAM (RAPP)**

**REQUEST FOR PROPOSALS (RFP) – YEAR 2017**

**Due Date: Thursday, June 15, 2017**

(Please type or print clearly)

Name of sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Director of Sponsoring Organization: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and Title of person to contact if there are questions regarding the proposal:

\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

**Type of sponsoring agency:**

- Aging Service Provider
- Area Agency on Aging
- Human Service Provider
- Family Service Agency
- Community Center
- Health Care Provider
- County Agency
- Religious Organization
- Educational Program
- Child Welfare/Child Care
- YM/YWCA, YM/YWHA
- Mental Health Agency
- Other

**What 3 priority services do you plan to provide:**

- Relative Caregiver Support, Education or Social Group(s) [Required]
- Individual and/or Family Counseling
- Child Care
- Children’s Services
- Transportation Assistance
- Benefits and Legal Guidance
- Educational Seminars
- Health Care Services
- Housing Assistance
- Services with Local Schools
- Group Recreational Activities
- Special Population Services
- Mental Health Services
- Other Service Initiatives:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Type of community where program will be conducted:**

- Rural
- Urban
- Suburban
- Unduplicated Number of Caregivers to be Involved Monthly: \_\_\_\_\_
- Unduplicated Number of Children to be Involved Monthly: \_\_\_\_\_

**Projected Total Number of:**

- Caregivers to be Served in Year 1: \_\_\_\_\_
- Children to be Served in Year 1: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

**Section I.**

**The Proposed Program**

- a. **DESCRIBE YOUR PROPOSED PROGRAM.** Include how you plan to address the goals set forth in the Guidelines. Describe services to be offered, how often, meeting dates and where and how you intend to conduct the proposed program. Describe what services you currently offer, if any, and the NEW services you propose; a rationale for any proposed expansion and how you plan to implement additions to current services. If you are proposing the development of a variety of local or regional group activities to serve a broad geographic area, describe the services you will offer and how you plan to implement these services. Also, include a description of your current experience working with relative caregiver families and how you intend to address and implement the proposed services.

[Attach additional pages, if needed]







Name of Organization: \_\_\_\_\_

**Section III. The Sponsoring Organization**

a. Briefly describe the services provided by your agency. Indicate whether services to relative caregivers are currently provided. If services to this population are not currently provided, please describe your ability to serve relatives who are primary caregivers of children outside the foster care system.

b. What is your agency's total annual budget? \$ \_\_\_\_\_

What percentage is derived from the following sectors:

Public: \_\_\_\_\_%      Private: \_\_\_\_\_%?

c. Name, title and current responsibilities of the sponsoring agency's staff person who will serve as supervisor of the program and have overall administrative responsibility.

d. Name of proposed RAPP Coordinator, if known, and current title and responsibilities if that person is a staff member of your agency at the present time.

e. Describe your organization's liability insurance, and any other appropriate insurance coverage.

The Brookdale Foundation Relatives As Parents Program (RAPP) 2017  
 Name of Organization: \_\_\_\_\_

**Section IV: Fiscal Information**

**FIRST YEAR EXPENSES:**

PERSONNEL (By Position) (Full Time Equivalent)	BROOKDALE	SPONSOR	OTHER	SPECIFY SOURCE Cash or In Kind
RAPP Supervisor (___%FTE)	\$	\$	\$	
RAPP Program Coordinator (___%FTE)	\$	\$	\$	
Other Staff:	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Benefits (at _____%)	\$	\$	\$	
<b>PERSONNEL EXPENSES (Total each column)</b>	\$	\$	\$	
<b>OTHER THAN PERSONNEL SERVICES (OTPS)</b>				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>OTPS EXPENSES (Total each column)</b>	\$	\$	\$	

<b>GRAND TOTAL (Total of all 3 columns)</b>	\$
---	----

Are the funds for the matching contribution of the sponsoring organization currently available? Yes \_\_\_ No \_\_\_ Pending \_\_\_.  
 If not available now, when is it anticipated that funds will be received?

**Section V.**

**ANTICIPATED REVENUES - First Year**

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

**GRAND TOTAL (Cash and In-kind)\*** \$

\*Grand Total of Revenues should not be less than Grand Total of Expenses listed on preceding page.

**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 **5:00 PM ET on Thursday June 15, 2017** 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: [rappfrp@brookdalefoundation.org](mailto:rappfrp@brookdalefoundation.org)