

Arkansas Department of Human Services
Division of Provider Services and Quality Assurance



Arkansas Lifespan Respite Grant
Notice of Funding Opportunity
“Arkansas Lifespan Respite Voucher Program”

Total Amount of Lifespan Respite Grant Funds to be awarded in total:

\$59,200.00

General Program Information/Inquiry:	Grant Request Submission:
ATTN: Stephen Giese Arkansas Department of Human Services Division of Provider Services & Quality Assurance PO Box 1437, Slot S-438 Little Rock, AR 72203-1437 Email: stephen.giese@dhs.arkansas.gov	ATTN: Stephen Giese Arkansas Department of Human Services Division of Provider Services & Quality Assurance PO Box 1437, Slot S-438 Little Rock, AR 72203-1437 Email: stephen.giese@dhs.arkansas.gov

Sub-grant funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRLI0045.

Overview: The Division of Provider Services and Quality Assurance (DPSQA) of the Arkansas Department of Human Services is providing this competitive grant opportunity to eligible organizations across the state through the Arkansas Lifespan Respite Grant’s “Arkansas Lifespan Respite Voucher Program.”

In July 2021, the Arkansas Department of Human Services was awarded a five-year grant from the U.S. Administration on Aging, made possible by the Lifespan Respite Care Act of 2006. Arkansas is currently one (1) of ten (10) states with this limited funding designed to encourage states to focus on respite services, strengthen a state’s collaboration and infrastructure for respite, and assist where possible in a coordinated system of accessible, community-based respite care services for family caregivers of children or adults of all ages with special needs.

On November 1, 2021, the DPSQA implemented the Arkansas Lifespan Respite Voucher Program across the state. This program allows primary caregivers to receive respite funding assistance in the form of direct vouchers limited to \$300, available each quarter or until funding is no longer available.

The Lifespan Respite Care Act defines *respite care* as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.” The ultimate goal is to generate actual respite for family caregivers and others who provide ongoing informal or unpaid care.

The purpose of this funding opportunity is to enhance the Arkansas Lifespan Respite Voucher Program by supporting and encouraging the provision of respite care services to family caregivers at no cost to the family, so that additional families across the state with diverse respite needs will be served. Through this grant, funding will be awarded to applicants who provide respite opportunities that would complement the voucher program or fill in gaps where the voucher program may not reach. Examples may include innovative out-of-home respite models such as single special respite events (i.e., Parents Night Out, etc.), caregiver support groups, caregiver informational and/or training seminars, respite summer camps, etc.

The goal of this opportunity is to provide supplemental funding to already established respite programs that will allow those organizations the ability to provide their services and supports at no cost to the families involved.

Clarification: This funding is meant to provide short, temporary or intermittent breaks from family caregiving. They are not full-time breaks that allow someone to work, such as daily childcare or consistent use of adult day care.

DPSQA plans to fund multiple awards, with a funding level of up to ten thousand (\$10,000) dollars per grantee. Any awarded funds under this announcement shall be used to develop and implement a family caregiver respite voucher program, at no cost to the caregiver.

Key Dates:

- **Sub-grant Offer Date:** Beginning November 29, 2021 and upon receipt of application thereafter, if applicable
- **Projected Start Date:** Dependent upon completion of sub-grant process
- **Projected End Date:** June 10, 2022

Grant Request Process: You must submit a cover letter signed by the organization's Executive Director or Designated Authorized Official expressing interest in participating in the supplemental respite voucher program through this sub-grant funding. The following documents must be attached and provide the information below:

- Proof of nonprofit status (if applicable)
- Certificate of Good Standing from the Secretary of State
 - *501(c)3 organizations only*
- Policy/Procedure that assure staff providers supporting this grant complete fingerprint-based background checks, if applicable to specific voucher program
- Completed documentation required (see below for details in Requirements for Proposal)

Stipulations:

1. Applicants must provide a fifteen percent (15%) cost share match for award funding, through cash, in-kind contributions, or a combination of both. An in-kind match is the value of any real property, equipment/supplies, goods, or services contributed to the grant that would have been eligible costs if the applicant was required to pay for such costs with grant funding.
2. Per Executive Order 13589 and 13576 and HHS Grants Policy¹, funding provided through this federal grant contained within this sub-grant opportunity cannot include meals costs except for the following:
 - a. *For subjects and patients under study (usually a research program);*
 - b. *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services such as Head Start*

¹ HHS Policy on the Use of Appropriated Funds for Food. <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html> . November 3, 2021.

- c. *When an organization customarily provides meals to those working beyond the normal workday, as part of a formal compensation arrangement;*
 - d. *As part of a per diem or subsistence allowance provided in conjunction with allowable travel;*
 - e. *Under a conference grant, when meals are necessary and integral part of a conference, provided that meals are not duplicated in participants' per diem or subsistence allowances (Note: conference grant means the sole purpose of the award is to hold a conference); and*
 - f. *Cannot exceed five percent (5%) of award.*
3. Funds will be on a reimbursement basis, after invoice is submitted. The request shall be based on actual costs incurred.
 4. Grantees must agree to comply with a site visit by a DPSQA staff member, if requested, during award term and participate in Arkansas Lifespan Respite conference calls regarding respite services provided.
 5. Grantees must collect demographic and qualitative data (as determined by DPSQA) on respite vouchers and programs. This data will be used in a composite report provided to 1) Administration on Community Living, DPSQA's federal grantor, and 2) Arkansas State Legislators and stakeholders.
 6. The respite programs shall provide respite services that allow additional caregivers to have a break from caregiving at no cost to the caregiver. Preference for direct respite service funding will be given to organizations serving caregivers who meet one or more of the following profiles:
 - a. *Those with incomes that are slightly above Arkansas' Medicaid threshold thereby disallowing them for a variety of publicly funded resources;*
 - b. *Caregivers whose family member/loved one requiring care is between the ages of eighteen (18) and fifty-nine (59);*
 - c. *Caregivers whose family member/loved one requiring care suffered from traumatic brain injury or sudden disabling condition;*
 - d. *Caregivers whose family member/loved one requiring care is currently waiting assessment or approved but not on a waiting list for long-term care services; and*
 - e. *Caregivers who live in counties with few or no respite providers.*
 7. Services must be provided to eligible individuals without regard to race, color, religion, gender, national origin, partisan affiliation, or sexual orientation.
 8. Grant funds shall not be used to supplant existing funding for respite services.
 9. The following statement must be included in all funded program/project descriptions, products, and related publicity:

This sub-grant project is funded through the Arkansas Lifespan Respite Coalition and the Administration on Community Living.

Programmatic Reporting: During the duration of the funding award, grantees will be required to participate in Arkansas Lifespan Respite conference calls indicating utilization, progress to date, and/or barriers encountered. A final programmatic report is due ten (10) business days from the end of the award term or full utilization of funding awarded (whichever comes first). The report template will be provided by DPSQA and will include a description of the program and how grant funds contributed to the implementation of the respite event or program, as well as documentation of actual respite hours provided and the number of people/caregivers receiving respite.

Fiscal Reporting: Funding will be provided through a reimbursement payment method. Reimbursement payments will be based on actual costs incurred. In cases where advance funding may be applicable, the awardee must provide documentation of scheduled activities that funding will be used for (e.g., written and verified bid for services, advance invoice, etc.) with sufficient justification on the need for advancement rather than reimbursement. Advance payments will be monitored closely throughout the award term, requiring frequent status updates from awardee to DPSQA on progress. Invoices are required to be submitted monthly no later than ten (10) business days of the following month. If no billable services were provided during the month then the provider shall notify DHS that there were no billable services on their monthly report. Final invoices must be submitted no later than June 15, 2022. All financial reports must include all cost data, caregiver recipient data, and remaining balance of funding.

Requirements for Proposal:

Must include Cover Page -Template provided and a current copy of your entity's W9 in addition to the following

Part I: Completion of Narrative Section: Please provide a narrative detailing your Scope of Work, Program/Project Objectives, and an overview of how you intend to utilize these funds and who you will be providing funding to if specific to a population or geographical location within the state. Please also note if you intend to provide services statewide or identify specific counties within the state as appropriate.

Part II: Completion of the Work Plan -Template provided: For each objective you identified, describe the measurable outcome(s), outline the key activities, responsible parties, and timetable for implementation and completion. Work Plan must align with stated program/project objectives.

Part III: Budget -Template provided: Submit a simple budget including the amount you anticipate utilizing per line item. Budget must align with stated program objectives. **Please note: There is a fifteen percent (15%) cost share match that must be included in the budget detail.**

ARKANSAS LIFESPAN RESPITE VOUCHER PROGRAM

APPLICATION COVER PAGE

Name of Affiliation/Organization: _____

Executive Director/Authorized Official: _____

Program Location/Address: _____

Primary Voucher Contact Name/Title/Phone/Email: _____

Program Website Address: _____

Type of organization (please check):

_____ local government _____ non-profit _____ faith-based organization

_____ other – please specify _____

1. How many individuals/families does your current respite program serve annually?

2. What time of respite care does your agency provide? Please list all services available for these vouchers. ☐ Day Program(s) ☐ Overnight Care ☐ In-Home
☐ Camp(s) ☐ Caregiver Support Services ☐ Other (please list below):

3. Which Arkansas county or counties does your current respite program serve? _____

☐ SERVES STATEWIDE

Community Sub-Grant Funding Application Packet:
PROJECT NARRATIVE

Format: Applications should be double-spaced. Please use one-inch margins and 11-point Arial type. Project Narrative should be no more than seven (7) pages in length.

Include the following in your project narrative:

- Project Overview:
 - Describe the respite project and type(s) of services you will offer through your program. Describe how this project or service will impact family caregivers and care recipients in the target community(ies) you have identified as serving.
 - Identify if the project or service includes emergency respite opportunities. If yes, please specify what percentage of funding requested will be used for emergency respite situations, and how will you preserve the availability of these funds? What procedures are in place to expedite arrangement of respite services for those caregivers needing unplanned respite? Specify how much notice will be required from the caregiver prior to providing services.
 - Provide detail on how the funding will be utilized and/or distributed, if applicable. Be as specific and detailed as possible.
 - Describe the anticipated numbers to be served. Identify the population and service area to be served in your project. Specify age ranges, diagnoses, or special needs including limitations that you will serve.
 - Describe your plans for outreach and marketing. How will you let new clients know about the new or enhanced services you will be providing?
 - Describe your plan for sustainability of your project beyond the scope of this grant. What aspects of your proposal do you anticipate sustaining beyond this funding opportunity?
 - Identify staff who will oversee the funding utilization if awarded, including their experience with caregiving and respite services. Identify staff, including their experience with caregiving and respite services, who will manage the respite project or services to ensure they are completed or distributed according to the project plan in this proposal.
 - Describe organization's history or demonstrated experience in respite services and this type of project.
 - Describe demonstrated experience in managing respite volunteers or staff, if applicable to your project.

- Describe how background checks of respite volunteers and/or staff will be conducted.

WORK PLAN TEMPLATE

Agency/Organization: _____

Project

Name: _____

Objective	Activity	Responsible Parties	Timetable	Outcome (How will you know when you've been successful?)

BUDGET NARRATIVE

Format: The budget narrative is the backbone of the grant proposal. Program activities must drive the budget. The program narrative should match the budget and every line item identified in the budget narrative must be identified and detailed in the project narrative. The budget narrative can be provided using the format included in this document, or a similar format of your choosing. Applicants using a different format are encouraged to pay particular attention to this template, which provides an example of the level of detail sought.

NOTE: Applicants will be required to resubmit budget narrative documents that do not include the appropriate level of detail. For successful applicants this could create a delay in receiving the award.

Include the following in your budget narrative:

- Detailed line-item descriptions that provide clear understanding to the grant reviewer.
- Cost estimates should be credible and realistic. Estimated costs identified on the budget narrative should be justified by detail provided in the project narrative.
- In-Kind contributions should not be included in the total \$10,000.00 maximum budget narrative. Instead, In-Kind contributions should be identified in addition to the \$10,000 request. For example, in-kind contributions on a \$10,000 funding request would total \$1,500. Funding request will still be \$10,000 but the full budget total will be \$11,500 (\$10,000 + \$1,500).

BUDGET NARRATIVE SAMPLE FORMAT

Arkansas Lifespan Respite Voucher Program Specialized Respite Program Funding				
Total Funding Request:	\$	<i>Note: Funding limit cannot exceed \$10,000.00</i>		
Project Name:				
Organization Name:				
Contact Person:		Phone Number:		
Funding Category	Grant Funds	In-Kind Funds	TOTAL (Grant + In-Kind)	Justification/Detail
Personnel (including fringe/benefits)				
Equipment				
Supplies				
Other				
TOTAL				<i>*The Grant Fund total cannot exceed \$10,000. **The In-Kind Fund total must total a minimum of 15% of the grant fund total (i.e., \$10,000 grant fund will have a \$1,500 in-kind match)</i>
<i>If you have any additional notes you would like to include, please do so below.</i> <u>Budget Notes:</u> <div style="height: 100px; border: 1px solid black;"></div>				

This is a template that you may edit as needed for your organization's individual respite program. All Funding Categories may not apply to your proposed program or project and/or you may need to add categories not listed.