

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

**THE BROOKDALE RELATIVES AS PARENTS PROGRAM (RAPP)**  
**REQUEST FOR LOCAL OR REGIONAL PROPOSALS (RFP) – YEAR 2011**  
**Due Date: Thursday, December 2, 2010**  
(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: \_\_\_\_\_

<p><b>Type of sponsoring agency:</b></p> <p><input type="checkbox"/> Aging Service Provider</p> <p><input type="checkbox"/> Area Agency on Aging</p> <p><input type="checkbox"/> Human Service Provider</p> <p><input type="checkbox"/> Family Service Agency</p> <p><input type="checkbox"/> Community Center</p> <p><input type="checkbox"/> Health Care Provider</p> <p><input type="checkbox"/> County Agency</p> <p><input type="checkbox"/> Religious Organization</p> <p><input type="checkbox"/> Educational Program</p> <p><input type="checkbox"/> Child Welfare/Child Care</p> <p><input type="checkbox"/> YM/YWCA, YM/YWHA</p> <p><input type="checkbox"/> Mental Health Agency</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p><b>Are You Sponsoring:</b></p> <p><input type="checkbox"/> New RAPP <input type="checkbox"/> Expanded RAPP</p> <p><input type="checkbox"/> Regional RAPP</p> <p><b>(See Grant Guidelines)</b></p>	<p><b>What 3 priority services do you plan to provide:</b></p> <p><input checked="" type="checkbox"/> Relative Caregiver Support, Education or Social Group(s) [Required]</p> <p><input type="checkbox"/> Individual and/or Family Counseling</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Children’s Services</p> <p><input type="checkbox"/> Transportation Assistance</p> <p><input type="checkbox"/> Benefits and Legal Guidance</p> <p><input type="checkbox"/> Educational Seminars</p> <p><input type="checkbox"/> Health Care Services</p> <p><input type="checkbox"/> Housing Assistance</p> <p><input type="checkbox"/> Services with Local Schools</p> <p><input type="checkbox"/> Group Recreational Activities</p> <p><input type="checkbox"/> Special Population Services</p> <p><input type="checkbox"/> Mental Health Services</p> <p><input type="checkbox"/> Other Service Initiatives:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Type of community where program will be conducted:</b></p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Urban</p> <p><input type="checkbox"/> Suburban</p> <p>Unduplicated Number of Caregivers to be Involved Monthly:</p> <p style="text-align: center;">_____</p> <p>Unduplicated Number of Children to be Involved Monthly:</p> <p style="text-align: center;">_____</p> <p><b>Projected Total Number of:</b></p> <p>Caregivers to be Served in Year 1: _____</p> <p>Children to be Served in Year 1: _____</p>
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Name of Organization: \_\_\_\_\_

**Section I.**

**The Proposed Program**

\_\_\_ New \_\_\_ Expanded \_\_\_ Regional

- 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. In addition: **NEW PROGRAMS:** describe what services you currently offer and what services you plan to offer with the RAPP seed grant. **EXPANDED RAPPS:** describe the NEW services you will offer; a rationale for the proposed expansion and how you plan to implement these additions to current services. **REGIONAL PROGRAMS:** 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 Regional Initiative.

[Attach additional pages, if needed]

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

b. Identify current staff resources and services of the sponsoring organization in the programmatic, administrative and fiscal areas that can be made available to the RAPP initiative.

c. Outline plans for outreach and recruitment of relative caregiver families.

d. Describe any special problems or obstacles you anticipate in developing this program and how you plan to address them [e.g., child care, transportation, services for children with special needs].





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) 2011  
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**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>	\$	\$	\$	

**GRAND TOTAL (Total of all 3 columns)** \$ \_\_\_\_\_

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**

<b>Source</b>	<b>Cash</b>	<b>In-kind</b>	<b>Currently available</b>	<b>Pending</b>
<b>BROOKDALE</b>	\$ 6,000			
<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>	\$	\$		

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

**Section V: 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.

**Due Date and Address:**

**10 copies** must be received at the Foundation Office by

**December 2, 2010 - 5:00pm EST**

**Proposals should be sent to:**

The Brookdale Foundation  
 Relatives As Parents Program (RAPP)  
 950 Third Avenue, 19<sup>th</sup> Floor  
 New York, NY 10022  
 Attn: Melinda Perez-Porter