

Name of Public State Agency: \_\_\_\_\_

**THE BROOKDALE RELATIVES AS PARENTS PROGRAM (RAPP)  
REQUEST FOR STATE PROPOSALS (RFP) – YEAR 2011**

**Due Date: Thursday, January 6, 2011**

(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.



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.

Name of Public State Agency: \_\_\_\_\_

**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 _____ %)	\$	\$	\$	
<b>PERSONNEL EXPENSES (Total each column)</b>	\$	\$	\$	
<b>OTHER THAN PERSONNEL SERVICES (OTPS)</b>				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>OTPS EXPENSES (Total each column)</b>	\$	\$	\$	
<b>TOTAL PERSONNEL AND OTPS</b>		\$	\$	
<b>GRAND TOTAL (Total of all 3 columns)</b>	\$			
	\$	\$	\$	

**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**

<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:				
Organizational Contributions [Please list]				
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Donations, Contributions, Grants	\$			
Other:	\$	\$		
	\$	\$		
<b>FIRST YEAR REVENUES</b>	<b>\$</b>	<b>\$</b>		

<b>GRAND TOTAL (Cash and In-kind)*</b>	<b>\$</b>
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**Section V: Attachments** - All attachments must be securely stapled to the back of each proposal and be labeled Attachment A, B or C as appropriate.

- Attachment A: Resumes of staff persons who will be involved in the RAPP Statewide Initiative.
- Attachment B: Letters of support from collaborating State agencies and others who are willing to provide resources or services to your program. All these must be submitted with your proposal.
- Attachment C: Verification of the sponsoring State Agency's tax-exempt status (see attached sample letter)

**Section VI: Submission of the Proposal and Required Attachments**

**10 copies** of the proposal must be received by **Thursday, January 6, 2011 – 5:00pm EST**. Proposals should be sent to the address below. No late submissions or faxed proposals will be accepted. You may use the proposal application available on our website or create one in the same format. Include in the appendix brief staff resumes, verification of tax-exempt status and letters of support from collaborating State agencies or statewide organizations including the type of support they can contribute to this project.

**For further information, contact:**

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Web site: [www.brookdalefoundation.org](http://www.brookdalefoundation.org).

