



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

REQUEST FOR APPLICATIONS

Respite Care Grant

Project Description:

Respite care provides temporary relief to a caregiver from the physical and emotional impacts of caring for a person with special needs who requires assistance to care for themselves. Care can be provided for a few hours, overnight, or on an extended basis by a friend, family member, volunteer, paid service provider, or in a community-based care setting.

Applicants will submit a proposal to expand their ability to provide respite services, or to extend funding for respite care supports (such as a voucher program). Expansion/extension must include at least 30% Health First Colorado members who are either a caregiver or care recipient and would benefit from respite services. These funds are not intended to supplant the current respite benefits available under Health First Colorado or other programs, but will be used to enhance and expand the availability of respite services.

Project Timeline:

Request for Applications- deadline for Submissions: **(30 days) 5:00PM MST**

Project Timeframe: October 1, 2022 - December 31, 2023

Applicant Qualifications:

Applicants selected for the project, must, at a minimum, meet the below requirements:

- Must be currently providing respite services or funding (i.e. voucher program) to Health First Colorado members including but not limited to adult day service, out-of-home, or in-home respite services to families of children or adults with special needs, foster families and/or kinship caregivers, or be an existing HCBS Medicaid provider seeking to expand their services to include the direct provision of respite or implement a respite voucher program.
- Must have capacity to begin project work by October 1, 2022.
- Ability to begin enrolling Respite Care Grant Participants no later than December 1, 2022.



- As part of this project, all grant recipients will be required to participate in evaluation activities and provide data as requested by the Department.

How to Apply:

All of the following items must be submitted online only by **DATE & TIME** via [Google Form](#).

Late and/or incomplete application packets will not be considered. The grant review committee reserves the right to deem an application ineligible if it does not include all required documents.

Required Application Items:

- Cover letter signed by Executive Director or other authorized signatory (10 Points)
- Grant application (submitted in Google Form) (50 Points)
 - To include:
 - Primary point of contact, contact information and person signing agreement.
 - The organization's mission and vision.
 - Counties served.
 - Population(s) served by age group and type of needs (i.e. - 60+ with dementia, payer source including Medicaid)
 - Number of individuals served.
 - Description of your organization's current respite care services provided or supported (i.e. voucher program).
 - How will your organization utilize these grants funds, if awarded?
 - Description of the objective and expected outcomes for the program from this financial award.
 - Description of how you will sustain your project after the funding ends.
 - Percentage of your current respite recipients that are Health First Colorado Members.
 - How will you market and promote the availability of respite services to eligible participants?
 - Describe your strategy for collecting data and participant experience stories and measuring effectiveness and impact of the project, including insights learned in improving accessibility to respite services or ease of use.
- Project Budget (40 Points)
 - The maximum award for this grant is \$1,000,000, however projects of all sizes will be considered. Grant funds may be used to cover project implementation costs, project coordination costs, and program costs for each participant. Final



award amounts will be determined by awardees, a review committee and the Department at the time of contracting. The Department reserves the right to adjust the award amount depending on the number of applicants and awardee readiness.

- Please include a detailed budget for the project, including brief narrative through the template here. Indirect costs may not exceed 10% of Modified Total Direct Costs (as defined at 2 CFR § 200.68, all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward) or applicant's approved federally negotiated indirect cost rate.

Other documents:

- Proof of nonprofit status (if applicable)
- Certificate of Good Standing from the Secretary of State (501(c)3 organizations only)
- Certificate of Insurance including Privacy Insurance Policy or statement that agency will add policy during grant period.
- Policy/procedures that assure staff providers supporting this grant complete fingerprint-based background check.
- Most recent financial year audited statement, if available, or organization's 990.
- Updated W-9. Please use this [form](#).

All applications will be reviewed by a review committee and notices to applicants on approval or denial of the proposal will occur through email on or before XXXX. The review committee may also have questions about your application and will reach out by email if needed.

If Awarded Funds:

If your proposal is selected, you will work closely with the Department to develop a grant agreement with deliverables related to your proposal. This agreement will be reimbursement-based and can be billed on a monthly basis. The Department will provide invoicing templates as the contract is executed. Additionally, the awardee will be required to provide regular reporting and data sharing throughout the grant period, including success stories and challenges that have been raised during the grant.

Questions regarding this Request for Application may be directed to Karin Stewart at karin.stewart@state.co.us by XXXXX. All questions and responses will be posted to the ARPA website by XXXXX.

