



AFA Milton & Phyllis Berg Respite Care Grant

As a nonprofit member organization of the Alzheimer's Foundation of America (AFA), you are entitled to apply for funding through AFA's grant program, including the Family Respite Care Grants.

About the Respite Grant

As the incidence of Alzheimer's disease and related dementias increases nationally, the majority of care provided to people with the disease is by unpaid family members. Research indicates that these responsibilities increase the risk of illness and mortality for the caregiver, and earlier institutionalization for the person living with dementia.

AFA created the Family Respite Care Grants in response to this demand for relief. The Milton & Phyllis Berg Respite Care Grant was named in honor deceased parents of Barry E. Berg, a member of AFA's board of trustees.

These grants will provide scholarships to qualified families in need of respite services. They must have a loved one with a diagnosis of Alzheimer's disease or related dementia. Respite services include social model adult day care programs, in-home aides, companion care, overnight respite, etc.

How many clients can each organization assist through the Family Respite Care Grant?

In each grant cycle, an organization may receive funding of up to \$5,000 to assist clients. The organization can decide how many scholarships it will award with the grant monies based on the unique needs of its clients.

What is AFA looking for in a Family Respite Care Grant proposal?

Grant eligibility is open to any AFA nonprofit member organization in good standing (membership dues must be paid up-to-date). AFA seeks to provide grant funding to organizations that have limited funding to provide scholarships sufficient to meet community demand that serve clients with the greatest need for respite services as determined by their selection criteria.

Evaluation is based on:

- **Community Need:** Proposals must clearly and effectively be explained based on local demographic information about the incidence of dementia, socioeconomic status, and the availability of other dementia specific resources.
- **Program Requirements:** All potential scholarship recipients have a diagnosis of dementia and have a financial need for funding.
- **Other Funding:** Clearly identify other funding sources for respite care scholarships.
- **Organizations Strength:** Clearly explain your organization's strength as a respite service (in-house or at another agency), with evidence of program outcomes and "best practices."
- **Program Budget:** Evidence that organization's budget is being utilized effectively to meet the needs of current clients and that awarded funds will be utilized efficiently.

Who reviews the Family Respite Care Grant proposals?

Bi-Annual grant proposals are reviewed by of AFA's staff.

How is scoring determined?

Each of the criteria above will be scored on a scale of 1-5, 1 being the lowest possible score and 5 being the highest possible score. Since there are five criteria, proposals can receive a maximum total score of 25 from each grant reviewer. Final scores are determined by averaging each grant reviewer's total score. If denied, AFA will mail a letter to your organization. If awarded, AFA will call your organization directly. Funding from AFA must be allocated within the 6 month period of receiving the grant.

For more information, please contact the Membership Team at (866)-232-8484 or membership@alzfdn.org.



Milton & Phyllis Berg Respite Care Grant

Please complete this form in its entirety and mail, fax or email to:

Alzheimer's Foundation of America

322 Eighth Ave, 7th Floor

New York, NY 10001

Attn: Respite Care Grant Proposal

Phone: 866-AFA-8484

Fax: 646-638-1546

Email: membership@alzfdn.org

Deadlines: Spring: (received by) April 24th Fall: (received by) November 15th

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Contact Person _____ Title _____

E-mail address: _____

Have you applied for the Family Respite Care Grants in the past? Yes No

Have you been awarded the Family Respite Care Grants in the past? Yes No

If yes, when (cycle, year)? _____

Is Your W-9 Form Attached? Yes No

(a copy of your organizations W-9 form is required when submitting your grant application for consideration)

BACKGROUND

Year organization was founded: _____

Number of (organization wide) Employees: _____

Number of (organization wide) Volunteers: _____

Annual (organization wide) Budget: _____

322 Eighth Ave. New York, NY 10001. 866-232-8484. www.alzfdn.org

QUESTIONS? Call AFA at 866-232-8484

Total population and percentage of those falling below the federal poverty level in community served

Incidence of Dementia in the Community (as a whole, not limited to your organization)

Average Income in the Community (as a whole, not limited to your organization)

65+ population in the Community (as a whole, not limited to your organization)

Availability of other Respite Care Services for the Dementia population

PROGRAM SUMMARY

If scholarships will apply to more than one program, answer all questions for each program. Please provide a separate attachment with information about each program.

Type of Respite Care Program (Ex: Adult Day Program, In-Home Aides)

Note: If services are through an outside agency, please provide this information on behalf of that agency.

Year Program Began

Credentials of Program Supervisor (ex: RN, LCSW)

Number of Program Employees

Number of Program Volunteers

Number of Program Clients Weekly (unduplicated)

Percentage of Program Clients Weekly (unduplicated) with Dementia

Staff-Client Ratio

Fees (Ex: Hourly, Daily)

Annual (program) Budget

Would the Grant Funding enable your organization to:

Add new program clients: Yes No If yes, how many? _____

Maintain program clients (who might otherwise have dropped out):

Yes No If yes, how many will be awarded scholarships? _____

Bring back past program clients (who have dropped out due to inability to pay):

Yes No If yes, how many will be awarded scholarships? _____

Do you have adequate staff to handle additional clients? Yes No

If no, do you have funds in the program budget to hire necessary staff? Yes No

Does your organization currently offer respite scholarships to financially-needy clients?

Yes No *(If Yes, please answer all questions below. If No, please skip to "Criteria Used for Eligibility" question.)*

Year Scholarship Established

Total Amount of Scholarships Annually

Total Amount of Scholarship Recipients Annually

Criteria Used for Eligibility

Other Funding for these Scholarships

Unmet Demand (Ex: How many more Scholarships would be given if funds available)

Please give details about how the respite setting and the program characteristics (ex: activities, unusual features).

Please provide evidence of program outcome and/or best practices.

Title and qualifications of person who will administer the scholarship program: _____

What criteria will you use to determine the level of need and eligibility for each client?

(For example: You might determine Alzheimer's diagnosis based on a letter from the person's doctor, determine family need based on monthly income to expense ratio, the percentage of income below the county poverty line, or receipt of certain entitlements such as food stamps or Medicaid, with financial stability eligibility determined by a reliable third party.)

List of Current Funding Sources for the operation of the respite program(s), if applicable:

SOURCE	AMOUNT
Revenue from Private Pay Clients	\$
Revenue from Other Grants (please specify) <ul style="list-style-type: none">• _____• _____• _____	\$
Revenue from Sponsors	\$
Revenue from Private Donors	\$
Revenue from Medicaid	\$
Other (please specify)	\$

Annual Respite Care Program Budget, if applicable:

Note: Please provide respite care program budget only (not organization budget) and specify the exact use of AFA grant funds in the center column labeled "Funded by AFA Grant- If Awarded"

	Total Budget	Funded by AFA Grant If Awarded	Other Sources
Personnel- Salary			
Personnel-Fringe Benefits			
Rent			
Telephone			
Supplies			
Equipment			
Advertising			
Printing			
Insurance			
Transportation			
Other			