



## **AFA Milton & Phyllis Berg Respite Care Grant** **Criteria and Submission Directions**

**Grant Request: \$6,000**  
**Deadline: Spring--May 15, 2026**  
**Deadline: Fall--October 23, 2026**

### **About the Milton & Phyllis Berg Respite Care 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 to honor the deceased parents of Barry E. Berg, a member of AFA's Board of Trustees.

These grants will provide scholarships, or program support, 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 in the amount of \$6,000 to assist clients and families living with dementia. The organization can decide how many scholarships it will award with the grant monies based on the unique needs of its clients. *Please note: all grant recipients will be required to provide an interim and final report which provides data to support the the impact of funding. Total number served, age, and diagnosis should be provided.*

### **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) who has been providing services for at least 1 year prior to submitting an application for funding. AFA seeks to provide support to organizations that have shown a demonstrated need, yet due to limited organizational resources, cannot meet the community demand.

### **Grant 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 area resources.
- **Program Reach:** Clear and realistic representation on how many respite clients/days/hours your organization can successfully support during the grant cycle. Supporting data to be provided.
- **Program Requirements:** All potential scholarship recipients must have a diagnosis of dementia and have a financial need for funding.

***NOTE:** Financial need DOES NOT have to be determined based on federal or state income guidelines but rather that a financial hardship would be incurred if funding support were not provided.*

- **Other Funding:** Clearly identify other funding sources for respite care scholarships.
- **Organizations Strength:** Ability to 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.

### **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 5 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.

## Grant Terms:

AFA Respite grants are renewable, reliant on program performance and solvency. AFA will pay awards in two (2) installments for the duration of the grant. AFA requires that all programs plan for fiscal sustainability by actively seeking additional funding sources. AFA grant funding must be used to serve people living with dementia and AFA reserves the right to withhold grant funding from organizations who are not in compliance with award terms.

Organizations that have been awarded an AFA grant in the previous cycle must wait one calendar year before applying again for that particular grant. Funding from AFA must be allocated within the first six months after funding is received and must be fully expended at the end of the grant cycle. Issues with meeting any requirement of the grant must be communicated in writing to AFA.

## Grant Conditions:

AFA funding is based on the premise that partnership and collaboration are the cornerstones of our efforts to achieve AFA's mission to provide support, education, and research towards Alzheimer's and other dementia related brain diseases in our communities. AFA recognizes the rights and authority of Grantees, through their governing bodies, to determine their own policies and manage their own programs. As a result, AFA delineates the following grant conditions to be acknowledged by Grantee as part of their obligation upon acceptance of grant funding.

- **Recognize AFA as a funder and partner on the agency website with a link, listing and/or logo.**
- As appropriate:
  - a. Acknowledgment in annual report.
  - b. AFA logo placement on funded program brochures, flyers and mailings.
- Grantee will "Like" AFA social media pages and "Like", "Follow", "Tag" and "Share" social media content where applicable.
- Grantee will provide AFA with a full color EPS or high resolution (1-2MB) JPEG of the agency logo to be emailed to [Grants@alzfdn.org](mailto:Grants@alzfdn.org).
- Grantee will agree to advocate for and positively represent AFA to the general public.
- Use the AFA Grant funding for the sole purpose of the specified program outlined in this application.
  - a. Allowable expenses include, but are not limited to:
    1. Supplies and equipment.
    2. Capacity building.
    3. Administrative expenses.
    4. Staff training.
  - b. Unallowable Expenses include:
    1. Costs that do not support or benefit the program, or are not necessary in carrying out the program.
    2. Salaried positions created solely for the purpose of the program/project.
    3. Membership fees.
    4. Costs or expenses incurred outside the grant period.
    5. Expend grant funds not in accordance with the budget submitted, approved, and included as part of the submitted application.
  - c. Communicate in writing to AFA, as early as possible, whenever changes which may affect the outcome of the program have occurred, including key staff changes.

**Need assistance with the grant process?**

**Call AFA at 866-232-8484 or email: [Grants@alzfdn.org](mailto:Grants@alzfdn.org)**



## AFA Milton & Phyllis Berg Respite Grant Cover Sheet

Spring:  Fall:  Year: \_\_\_\_\_

For Office Use Only: AFA Membership ID Number: \_\_\_\_\_

Name of organization to which grant would be paid. Please list exact legal name:

Project Name: \_\_\_\_\_

Brief description and overview of the project/activity (250 words or less).

Address of organization: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Is your organization an IRS 501(c) (3) not-for-profit?:  Yes or  No

If no, please explain: \_\_\_\_\_

### PUBLICITY WAIVER:

I understand that should my organization's grant proposal be approved, information about our program and/or service may be used during various Alzheimer's Foundation of America's publicity and fundraising opportunities, including printed articles and press releases.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

By checking this box, I acknowledge the Publicity Waiver Clause.

Date: \_\_\_\_\_



**Proposal format:**

Please fill out the PDF fillable Respite Grant Application found below.

Grants must be typed. Handwritten grants will not be considered.

Please make sure all required documents and attachments are provided with the completed application.

All incomplete applications will be disqualified.

**How to submit your completed grant?**

E-MAIL TO:  
Grants@alzfdn.org  
with header  
Milton & Phyllis Berg  
Spring/Fall Respite Care Grant

***All Milton & Phyllis Berg Respite Care Grant applications must be received  
NO LATER than 5:00pm EST on the deadline date.***

**How will AFA notify you?**

AFA will notify your organization by go cki'cu"q"vj g"ucwu"qh'vj g"i tcpv'cy ctf 0P q"pqv'k'ec'v'q'p'y km'dg'ugpv'd{ " WURU"wp'rguu"{ qwt"qti c'p'k' c'v'q'p'y cu"cy ctf gf "c"i tcpv'cpf "ej qug"q"t'ge'g'x'g"vj g"cy ctf "d{ "ej gen0'

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## Milton & Phyllis Berg Respite Care Grant Application

Have you applied for the Respite Care Grants in the past?                      Yes            No  
Have you been awarded the Respite Care Grant in the past?                      Yes            No  
If yes, when (cycle/year)

### BACKGROUND

Year organization was founded: \_\_\_\_\_

Number of (organization wide) employees: \_\_\_\_\_

Number of (organization wide) volunteers: \_\_\_\_\_

Annual budget(organization/departmental): \_\_\_\_\_

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 in the community (with focus on ADRD).

### PROGRAM SUMMARY

*If scholarships/funding support 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, other)

*Note: if services are through an outside agency, please provide information on behalf of that agency along with partner agreement.*

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 (*for most programs, this will be different from org/dept budgets*)



**DEMONSTRATED NEED**

**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? **D** 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** *(this excludes past AFA funding)*

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 offered annually

Total amount of scholarship recipients annually: \_\_\_\_\_

**Criteria used for eligibility.** *Please provide a separate attachment if additional space is needed.*

**Other funding for these scholarships.** *Please provide a separate attachment if additional space is needed.*

**Unmet demand** (Ex: How many more scholarships would be given if funds available) \_\_\_\_\_

**Please give details about the respite setting and the program characteristics and any outreach efforts to promote the program** (ex: activities, unusual features). *Please provide a separate attachment if additional space is needed.*



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

*Please provide a separate attachment if additional space is needed.*

**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).*

***Please provide a separate attachment if additional space is needed.***

**List of current funding sources of the respite program(s), if applicable:**

Source	Amount
Revenue from private pay clients revenue	\$
Other grants (please specify) ● _____ ● _____ ● _____	\$
Revenue from sponsors	\$
Revenue from private donors	\$
Revenue from Medicaid	\$
Other (please Specify)	\$



## Annual Respite Care Program Budget, if applicable:

*Note: Please provide the respite care program budget only on this page and specify the exact use of AFA grant funds in the center column labeled "Funded by AFA Grant- If Awarded". Provide the organizational budget separately as an attachment along with organizational W-9.*

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

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Please provide client demographics to show the impact of the Respite program for which you are seeking AFA funding support and note that program demographics will need to be provided with the interim and final grant reports as well.

RESPITE DEMOGRAPHICS								
GRANT YEAR/CYCLE (SPRING OR FALL)	ORGANIZATION NAME	CURRENT NUMBER OF CLIENTS SERVED	DIAGNOSIS of CLIENTS in PROGRAM (Please list any neurocognitive diagnosis not noted)	AGE (35-50)	AGE (51-65)	AGE (66 & 75)	AGE (75 & older)	UNMET NEED/ DEMAND
Spring 2026			FTD					
			Alzheimers					
			Parkinsons					
			Lewy Body					
			Downs Syndrome					
			MCI					



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