

Nebraska Respite Network Southwest Service Area
Mini-Grant Special Projects Application Form
Funding Period: January 1, 2011 to June 30, 2011

Agency: The entity for profit or non profit submitting this proposal must be an established agency or organization. Provide a copy of documentation such as 501c3 or professional license or other supporting material.

Contact Person: _____

Address: _____

Phone number: _____

Phone number: _____
Alternative

Fax number: _____

E-mail: _____

History of the Organization, group, or agency and the mission statement.

Explain what services you currently provide. Include any information on respite services if any.

Number of families served:

Number of current respite providers on staff and the level of care each offers.

Explain the demographics of the populations currently served (age range of clients, level of care, economic status of the families).

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Describe how you are funded.

Describe how you collaborate with other entities in the community.

Describe your need for increased respite services in your area.

Describe the populations the proposed program will serve.

Area to be served (list towns or counties).

Describe the proposed project. Add drawings if you wish.

How will your program sustain/continue at the end of the grant period?

How will you market or advertise this service/program?

How will you evaluate the success of this project & provide a financial and activity report to the Respite Advisory Board?

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Amount Requested: \$ _____
Activity/Completion date:
Evaluation process:

BUDGET

	Amount	Descriptive Information
Materials & Supplies	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
Subtotal	\$ _____	
Construction Costs <small>paint, carpet, contract labor</small>	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
Subtotal	\$ _____	
Other Costs <small>(please itemize)</small>	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
Subtotal	\$ _____	

Projected Total \$ _____

If you need additional writing space, please limit page length to 5 total pages.

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The purpose of the mini grant is to develop new or enhanced existing respite and caregiver support programs and to increase the availability of respite services to families across the Southwest Service Area.

Mini Grants will be awarded by point system. No mini grant application will be accepted after the due date for any reason.

I agree, if awarded, that the grant funds will be spent as presented in this completed Respite Mini Grant Funding Application. A complete financial and activity report will be given to the Respite Advisory Board upon completion of the program. Any funds not used will be returned to the Respite Network. Misuse of funds will require the grantee to return all funding back to the Network. Funding will only be used for a respite program of services and not used for wages, renovation to a rental property or administrative costs.

Name and Title

Date

Please return completed application no later than 4 p.m., February 25, 2011

Nebraska Respite Network, Southwest Area
404 West 10th
PO Box 1235
McCook, NE 69001

308-345-4990
308-345-4289 Fax