

Nebraska Respite Network Southwest Service Area
Mini-Grant Special Projects Application Form
Funding Period: January 1, 2010 to June 30, 2010

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?

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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 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.

Name and Title

Date

Please return completed application no later than 4:00 pm January 29, 2010

Billie Cole, Respite Coordinator
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404 West 10th ST
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McCook, NE 69001

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