



**KENTUCKY CAREGIVER SERVICES  
MINI-GRANT OPPORTUNITY  
October 1, 2011 – April 30, 2012**

Kentuckiana Regional Planning and Development Agency (KIPDA)  
11520 Commonwealth Drive  
Louisville, KY 40299  
Phone: (502) 266-5571  
Fax: (502) 266-5047  
E-Mail: [barbara.gordon@ky.gov](mailto:barbara.gordon@ky.gov)

Serving the counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and  
Trimble

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## I. INTRODUCTION AND STATEMENT OF PURPOSE

Kentuckiana Regional Planning and Development Agency (KIPDA) has been designated the Area Agency on Aging and Independent Living has received funds through the Kentucky General Assembly to serve eligible Grandparents Raising Grandchildren in accordance with 910 KAR 1:260. As the Area Agency on Aging and Independent Living (AAAIL), KIPDA is responsible for administering federal and state funded programs for the elderly in the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble, which comprise the KIPDA AAA service area. The program for which funds are available for award is the Kentucky Caregiver Program, serving grandparents of any age who are raising their grandchildren and are the primary caregiver.

KIPDA is seeking organizations capable and willing to provide services effective **October 1, 2011 through April 30, 2012**. KIPDA will award up to 5 mini-grants up to the amount of \$5,000 each to support the cost of programs and services that will assist grandparents who have the primary responsibility of raising their grandchildren. Awards will be made to organizations submitting a complete and realistic plan to support the cost of programs and services to serve grandchildren raised by their grandparents and/or grandparents who are raising their grandchildren. Services may be a coordinated effort among many organizations with one organization serving as the lead applicant on behalf of all organizations involved. Organizations are required to utilize the funds to support programs and services that are targeted to serve grandparents raising their grandchildren and/or the grandchild (children).

Organizations selected to receive KY Caregiver program funds must be prepared to implement and carry out the stated project within the time frame established in this application, submit a report to KIPDA upon the conclusion of a project or event to include: date(s) of service, name of grandparent and/or grandchildren served, programs and services conducted consistent with approved application and proposed expenditure of the funds. Completion of programs and services, prior to KIPDA's scheduled deadline for project completion is necessary in order to receive payment.

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## II. TIMELINE FOR PROCESS

<b>August 1, 2011</b>	KY Caregiver mini-grant applications released.
<b>August 12, 2011</b>	Deadline to submit questions regarding the grant and information requests in writing to <a href="mailto:Barbara.gordon@ky.gov">Barbara.gordon@ky.gov</a> .
<b>August 21, 2011</b>	Applications due to KIPDA by 4:00 p.m., 11520 Commonwealth Drive, Louisville, KY 40299 or via e-mail to <a href="mailto:Barbara.gordon@ky.gov">Barbara.gordon@ky.gov</a> , followed by an original signed application via mail.
<b>August 25, 2011</b>	Recommendations for award of KY Caregiver funds presented to KIPDA Board.

- August 31, 2011** Organizations notified of decision for award or non-award.
- October 1, 2011** Organizations selected for award begin project implementation and planning.
- April 1, 2012** Projects conclude on or before this date.
- April 30, 2012** Final day to submit project outcome reports for payment.

**Application Submissions:** Submit one application via e-mail to the attention of Barbara Gordon, Director of Social Services at [Barbara.gordon@ky.gov](mailto:Barbara.gordon@ky.gov) no later than 4:00 p.m. August 15, 2011. One original signed application shall be submitted to the attention of Barbara Gordon directly following the e-mail submission of the application. Applications submitted via e-mail after the established deadline will not be considered. Applications must be complete and include information related to proposed services and projected expenditures utilizing the application format contained in this issuance.

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### **III. ELIGIBLE TARGET POPULATION TO BE SERVED:**

- A. KY Caregiver funds may be used to serve individuals who meet the following eligibility criteria:

Grandparent (Kentucky State funded program) – A grandparent shall be related to the grandchild by blood, marriage or adoption (if grandchild’s final adoption order is more than one year old, the grandparent is not eligible for services). Also to be eligible for services, a grandparent shall:

- i. Be a Kentucky resident (residing in the KIPDA region);**
- ii. Reside with and be the primary caregiver for a grandchild(ren) no more than age 18 years old;**
- iii. Not reside in the same household as the parents of the grandchild in their care;**
- iv. Not be a recipient of the Kinship Care Program;**
- v. Not exceed a total household income of 150% of the federal poverty level.**

#### **B. Eligibility Process:**

Applicants awarded a KY Caregiver mini-grant will assist KIPDA in eligibility determination of participants for which state funds will be expended. It is imperative that all grandparent participants served by the proposed program are determined eligible for the KY Caregiver program prior to implementation or receipt of services

1. Each grandparent to be served must fully complete and sign intake form which will be provided to successful applicants upon award.

2. Grandparents will be required to provide the following documentation to complete the eligibility process: Proof of total household income; Social Security numbers for each person residing in the household; and information regarding the grandchildren who will benefit from proposed services.
3. The application/intake form must be signed by the grandparent.
4. Once the form is complete and supporting documentation has been obtained, fax all information to KIPDA for review and completion of the eligibility process.
5. KIPDA will submit necessary signed forms to the Department for Community Based Services (DCBS) office to receive written verification of grandparent benefits.
6. Upon receipt of documentation from the DCBS office, KIPDA will notify the applicant liaison of the grandparent's eligibility status.

Note: Intake/Eligibility forms must be completed by grandparents and provided to KIPDA to complete the final eligibility determination prior to a scheduled event or initiative. Grandparents who do not meet the KY Caregiver program eligibility requirements may participate in scheduled activities, but not at the expense of the KIPDA funded initiative. The applicant will be responsible for the cost of ineligible participants.

#### **IV. ALLOWABLE KENTUCKY CAREGIVER FUNDED PROGRAMS AND SERVICES:**

The ultimate goal of this initiative is to support our communities that have implemented or are planning to implement programs and services that address the needs of grandparents who are raising their grandchildren. The intent of the KIPDA KY Caregiver Mini-Grant Opportunity is to support the cost of the following types of activities:

##### **A. Description of Potential KY Caregiver Funded Services :**

- 1) **Support Group -Grandparent or Grandchildren Support Groups:** Funds may be utilized to support and/or expand existing or new support group initiatives for grandparents raising their grandchildren; with priority being given to rural counties served by KIPDA. KIPDA will provide a survey tool that will be used at the beginning and the end of the grant period; this tool will be used to measure stress and help determine the usefulness of a support group in the specific area. Support group activities shall provide a means, through a facilitator, for eligible grandparents to discuss and communicate on various topics and matters of concern that will ease the feeling of burden experienced by participants.
- 2) **Training – Training or Seminar Series:** Funds may be utilized to support and/or expand existing seminar series or training events for grandparents who are raising their grandchildren. Programs or classes may be long-term (through the period of award) or short term modules or programs. A summary and outline for trainings must be submitted to KIPDA prior to scheduled activity. KIPDA will

provide the agency with a client satisfaction survey to be completed at the end of the training and at the end of each seminar series by all attendees.

**B. Program Service Definitions (Services funded through this KY Caregiver Program)**

1. **Support Groups**: New or existing groups comprised of individuals involved in similar situations to discuss and focus on topics that are common among the participants and learn helpful techniques or methods for handling various situations. These groups are to be lead by a facilitator who is experienced in leading support groups and delivery of information in a professional and supportive manner. **At the beginning and upon completion of the Support Group Initiative or as participants complete the planned module, a pre-and post- stress measurement evaluation will be administered to allow the implementing organization and grandparent to see the impact a support group activity may have on the grandparent.**
  
2. **Training**: Group events that provide carefully structured opportunities for grandparents to acquire knowledge and a variety of skills that will assist the grandparent in raising their grandchildren. Topics such as coping skills, communication, nutrition, stress management, coping with difficult behaviors, emotional needs of the family, working with employers, financial issues, legal issues, death and grief. The training or seminar series should include information that will increase awareness about programs, services, topics and treatment that will assist a grandparent in his/her role in raising their grandchild (grandchildren).

**V. CONDITIONS TO APPLY**

Organizations wishing to submit an application must meet the following conditions:

1. **Financial Capability** – Organizations must be capable of providing a portion of the cost of the scheduled events or programs and utilize KY Caregiver funds for additional support or expansion of existing programs and services.
2. **Eligible to Conduct Business in Kentucky** – Organizations shall possess a valid License or registered to conduct business in Kentucky and maintain a KY employer tax identification number. Organizations may be incorporated or registered with the Secretary of State’s Office or possess a current 501(C)(3) certificate to conduct business as a not-for-profit organization. Government or quasi-governmental organizations may also be eligible to apply.
3. **Experience** – The applicant is experienced in the delivery of human service, educational and/or community service programs as proposed (at least 3 years of experience).
4. **Reporting and Computer Systems** – Organization possesses computer hardware and software that meets the minimum standards

established by KIPDA for purposes of reporting and communicating electronically.

5. **Facilities** – Applicant facilities where services are to be performed meet federal accessibility requirements and OSHA standards for safety and cleanliness.
6. **Staffing** – Staff, subcontractors and volunteers are appropriately trained to assist during a scheduled event and have completed a criminal records check as required under KRS 216.793.

## **VI. AGREEMENT AND PAYMENT FOR SERVICES:**

Upon notification of award, organizations selected to receive a mini-grant to support the cost of proposed initiatives will enter into an agreement between KIPDA and the selected organization. The agreement will outline the scope of services to be performed utilizing the KY Caregiver funds and requirements to receive payment for services. Payment methods will be negotiated and available on either a cost reimbursement lump sum, or unit price a basis for completion of the activity for the KY Caregiver mini-grant funding period.

## **VII. REPORTING/ PERFORMANCE MEASURE:**

All awarded organizations will be required to survey support group and/or training participants. The awarded organizations are expected to measure the outcomes of the funded services. Organizations electing to provide support group services will be required to measure the outcome of the services utilizing a survey to be administered at the beginning of the KY Caregiver mini-grant period to all eligible participants and again at the end of the KY Caregiver mini-grant period. Organizations electing to provide training or seminar series services will be required to provide a client satisfaction survey at the end of the training and at the end of each seminar series to all eligible participants.

**KY CAREGIVER PROGRAM MINI-GRANT OPPORTUNITY  
KENTUCKIANA REGIONAL PLANNING AND DEVELOPMENT AGENCY**

**COVER PAGE**  
(Required for all applications)  
**FY 2012**

**Legal Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Program Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Fiscal Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

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**Name of Authorized Official**

**Title**

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**Signature of Authorized Official**

**Legal Form of Organization**

\_\_\_\_\_ **Non-Profit**

\_\_\_\_\_ **Community-Based Organization**

\_\_\_\_\_ **For-Profit**

\_\_\_\_\_ **Faith-Based Organization (Non-Profit)**

\_\_\_\_\_ **Other (Describe)** \_\_\_\_\_

**Federal Tax I.D. #** \_\_\_\_\_ **KY State Tax I.D. #** \_\_\_\_\_

**COUNTIES TO BE SERVED**

Jefferson  Henry  Bullitt  Oldham  Shelby  Spencer  Trimble

Number of years organization providing proposed services: \_\_\_\_\_

Date organization was established: \_\_\_\_\_

**KIPDA KENTUCKY CAREGIVER PROGRAM MINI-GRANT OPPORTUNITY  
APPLICATION  
NARRATIVE RESPONSES**

Complete each question as requested. Include sufficient information to provide a clear understanding of the service(s) proposed utilizing funds available under this KY Caregiver mini-grant opportunity.

**A. Description of Proposed Services and Utilization of Funds (no more than two pages)**

**1. Complete the following with a clear response to each item requested:**

- a. Explain how KY Caregiver funds will be used to support the proposed initiative:
- b. Describe the agencies expectations of this project; what the agency intends to achieve from providing these services to grandparents raising grandchildren:
- c. If the agency is using KY Caregiver funds to expand, describe how the service will be enhanced utilizing KY Caregiver funds:
- d. Identify the proposed number of eligible grandparents to be served:
- e. Identify the proposed number of grandchildren to be served:
- f. Describe other funding sources to be utilized to support the cost of the proposed initiative and include a description of how the funding sources will support the program or service.
- g. Identify the location where services will be provided:
- h. Identify all staff that will be responsible for communication with KIPDA staff to determine eligibility:
- i. Identify all staff and/or guest and their qualifications who will be leading support groups or presenting at the training or seminar series.
- j. Description plan to ensure proposed staff and/or volunteers to be used in carrying out services will receive a criminal records check in accordance with KAR 216.793.

- k. If the agency is electing to provide training or a seminar series, provide an outline of the training or seminar series topics and tentative dates:
- l. If the agency is electing to provide support group services, provide an outline of the schedule and planned session topics/issues to be discussed:

**B. Projected Timeline:** Complete the following table indicating the projected timeline to begin and complete the proposed activities.

Start Date	End Date	Services: Description of Activity

**C. Budget Summary:**  
Complete the following budget summary to support the use of KY Caregiver funds (no more than \$5,000 awarded).

Description of Proposed Expense	Purpose	Quantity	Amount Requested
<b>Total:</b>			<b>\$</b>

