

Start-UP Respite Grant Program Application

The Respite Care Association of Wisconsin (RCAW) is looking to fund new respite programs or businesses in the state of Wisconsin. One of the biggest barriers to starting a new respite program are the start-up business costs, such as facility costs, insurance, payroll, accounting, licensing, equipment, supplies, and staff education.

RCAW will be offering these funds through July 2027 because of a grant received from the Administration for Community Living (ACL) through the Federal Lifespan Respite Grant program and a partnership with the WI Department of Health Services. **

In 2023 and 2024, funds will be available specifically for new programs and businesses in Milwaukee County due to the generosity of Bader Philanthropies.

ELIGIBILITY

- Must be either a 1) New program or business or 2) Starting a new respite program or location as part of an existing business (expansion)
- Program/Business must provide direct services in Wisconsin
- A key team member of the Program/Business must have completed the Bringing Respite to Your Community (BRYC) Workshop

IMPORTANT DATES

Applications will be accepted throughout the year. Award decisions will be made quarterly (Jan, Apr, July, Oct). Programs may submit up to two applications per year. Programs that have not previously been selected will be given priority.

Application, information, and answers to frequently asked questions can be found at

<https://respitcarewi.org/start-up-respite-funds/>.

***These funds are supported, in part by grant number 90LRLI0050, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201 to Wisconsin DHS. Grantees undertaking projects with government sponsorship are encouraged to freely express their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

Start-UP Respite Grant Program Application Guide

This document is a list of questions for the online application form. You are not able to save your application and come back to it. It is suggested that you answer your questions in a word document (like this one) and then copy and paste into this form: [Application Form](#).

** Required*

1. Program Name *
2. Organization name (if different from Program Name)
3. Website (if available)
4. Address *
5. City *
6. State *
7. ZIP code *
8. Contact Name *
9. Title *
10. Email address *
11. Phone number *
12. A key team member of the Business/Program must have completed the Bringing Respite to Your Community (BRYC) Workshop.

List: 1.) Name, 2.) Date attended, and 3.) Location or who hosted the workshop. *
13. Date of application *

Please input date (m/d/yyyy)
14. Amount Requested (\$5,000 - \$25,000) *
15. Program Summary: In 250 words or less, provide a high-level overview of the respite program (elevator speech). *

Specific Program Information

Please enter information regarding the specific program that the funds are being requested for. If this is a new program for an existing agency (expansion program), share information about the new program, not the already established program. Please address all the questions asked with the open response questions, otherwise the application may be considered incomplete.

16. Is this a new respite program/business or a new program as an expansion of an existing direct service program/business? *

- New program/business
- New program/business/location as part of an existing program/business (expansion)

17. Answer these questions if this is a new program starting as part of an existing business.

How long has the existing business been operating? How does this new program fit into the existing business?

How is this new program different from existing services?

18. Program Model: What is the best description of your respite program model? Please check all that apply. *

- Home Based Programs (in-home services)
- Community Based Services (facility)
- Crisis/ Emergency Respite
- Camps
- Residential Facility
- Intergenerational Centers
- University Respite Program
- Other: _____

19. What services will be offered by this program? Please use specific service billing names if known. *

20. Will this program need licensing or certification? Please list which licensing/certification program will receive. What is the status of the license or certification process? *

21. Please list the counties that your program will serve (the counties participants reside in). *

22. Client Population: What are the ages that this program will serve? (Choose all that apply) *

- Children under 5 years old
- School age children 5-21 years old
- Adults under 55 years old
- Older Adults 55+ years old

23. Describe the client population (specific disabilities, level of care, medical needs, behavioral needs, etc.) that the program will serve. Include if there are any limitations on who you may not be able to serve (i.e., individuals with trachs, individuals that need medications, individuals that can be aggressive towards others, individuals that need assistance with toileting, etc.). *

24. Describe your initial program availability. Include how often and when participants will be able to use your program (what days/hours are you open, daytime or overnight care, how long is a session (# of hours) for a participant, how many sessions/hours can a participant have in a week/month, etc.). *

25. After a year of program operation, do you anticipate any changes to the program hours, availability, and limits for participant sessions/hours, etc.? *

26. Facility Information: Please choose all that apply. *

- This program does not provide services in a facility.
- This program will rent a facility.
- This program will own a facility.
- This program has secured a facility.
- Other: _____

27. What staff/volunteer to client ratio does the program anticipate having? *

28. Who are the key staff members and what are their roles? How many team members are currently involved in this program and in what roles (paid/unpaid)? *

Funding

Please enter information regarding the specific program that the funds are being requested for. If this is a new program for an existing agency (expansion program), share information about the new program, not the already established program. Please address all the questions asked with the open response questions, otherwise the application may be considered incomplete.

29. For what will the requested grant funds specifically be used? *

30. Once the program is providing services, what streams of funding will this program use? Choose all that apply. *

- Private Pay
- Long-Term Care Waiver/ Medicaid
- Insurance
- Grants
- Fundraising
- Other: _____

31. What is the sustainability plan for this program? Please be specific. *

Additional Information

Please enter information regarding the specific program that the funds are being requested for. If this is a new program for an existing agency (expansion program), share information about the new program, not the already established program. Please address all the questions asked with the open response questions, otherwise the application may be considered incomplete.

32. Need for Program: How do you know that there is a need for this program in your community? (Results of a needs analysis, letters of support from community members, caregivers, county agencies, funding sources, etc.). Supporting documentation can be attached with your budgets. *

33. Timeline: Provide a timeline of key milestones and dates, i.e. what needs to happen for services to start and when. *

34. Marketing: How will participants, families, and funding sources learn about this program? *

35. Additional Comments: Share any additional comments in regards to this program.

Budget Templates and Supporting Documentation

For your application to be completed, please email the following items to: BrycStartUP@respitcarewi.org. Put "Start-Up Funds Application" in the subject line.

1. Start-Up Budget - Template A (can be found: <https://respitcarewi.org/wp-content/uploads/2023/02/Template-A-Start-Up-Budget.xlsx>)
2. Annual Budget - Template B (ca be found: <https://respitcarewi.org/wp-content/uploads/2023/02/Template-B-Annual-Budget.xlsx>)
3. Attach any information to support the need for this program in your community. This may include a needs analysis, letters of support from community members, caregivers, county agencies, funding sources, etc.