



Start-UP Respite Grant Program Application Instructions

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

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

ELIGIBILITY

- It must be either a:
 - 1) New program, 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

Quarter	Application Due	Approvals or Denials Announced	Funds Distributed
Q1	December 15	December 29	February 05
Q2	March 15	March 31	May 05
Q3	June 15	June 30	August 05
Q4	September 15	September 30	November 05

Applications will be accepted throughout the year. Programs may submit up to two applications per year.

Programs that have not previously been selected will be given priority.

Start-UP Respite Grant Program Application Guide

This program is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,042,074 with 75% percentage funded by ACL/HHS and \$689,234 with 25% percentage funded by State of Wisconsin source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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. You should answer your questions in a Word document (like this one) and copy and paste it into this [Application Form](#).

*** Required**

1. Program Name *

2. Organization name (if different from Program Name)

Is your entity registered with the Wisconsin Department of Financial Institutions (WDFI)

<https://dfi.wi.gov/Pages/Home.aspx?> Please note, IF your application is approved, RCAW requires all grantees to register with WDFI before their 6-month progress report is due *

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 completed, *

13. Date of application *

Please input the date (m/d/yyyy)

14. Amount Requested (\$5,000 - \$25,000) *

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15. Program Summary: In 250 words or fewer, provide a high-level overview of the respite program. Think elevator speech. An elevator speech is a concise, compelling summary of who you are and what you do, typically delivered in 30-60 seconds, designed to be memorable and leave a lasting impression. *

Specific Program Information

Please enter information regarding the specific program for which the funds are requested. 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 with the open-response questions. Otherwise, the application may be considered incomplete.

16. Is this a new respite program/business or a new program expanding 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 new program is 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 you will

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receive. What is the status of the license or certification process? *

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

22. Client Population: What ages will this program 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.) the program will serve. Include if there are any limitations on who you may not be able to serve (i.e., individuals with a tracheotomy, individuals who need medications, individuals who can be aggressive towards others, individuals who 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 for which the funds are requested. If this is a new

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program for an existing agency (expansion program), share information about the new program, not the already established program. Please address all the open-response questions; otherwise, the application may be incomplete.

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

30. Once the program provides services, what funding streams 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 for which the funds are requested. 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 with the open-response questions. Otherwise, the application may be considered incomplete.

32. Need for Program: How do you know there is a need for this program in your community? (Needs analysis results, letters of support from community members, caregivers, county agencies, funding sources, etc.)

Supporting documentation can be attached to 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 regarding this program.

Budget Templates and Supporting Documentation

For your application to be complete, you must email the following items to BrycStartUP@respitecarewi.org

1. Start-Up Budget - [Template A](#)

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2. Annual Budget - [Template B](#)
3. Attach any information supporting this program's need in your community. This may include a needs analysis, letters of support from community members, family caregivers, respite care providers, county agencies, funding sources, or other relevant materials.

Important

You must follow the submission instructions for budgets and supporting documents exactly. This is a highly competitive grant, and RCAW receives many emails from applicants. If budget templates and supporting documents are sent without the required information in the email, we won't know which program they belong to. As a result, they will not be considered during the grant review process.

All attachments must be in Excel or PDF format. Email the budget templates and supporting documentation to BrycStartUP@respitcarewi.org.

Submission Requirements:

1. Use "Start-Up Funds Application" as the subject line.
2. Include your first and last name, as well as your program name, in the body of the email.
3. Save all attachments using your program name in the file title. For example:
 - Forest Venture's Budget Template A
 - Forest Venture's Budget Template B
 - Forest Venture's Needs Analysis
 - Forest Venture's Letter of Support

If you have any questions, please contact BrycStartUP@respitcarewi.org.

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