

U.P. AREA AGENCY ON AGING/UPCAP
 FY 2023-2025 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION

SERVICE REQUEST & DESCRIPTION
For
NFCSP CAREGIVER EDUCATION & TRAINING

Applicant/Organization’s Name:

Geographic Area to be Served:

Funding Source: National Family Caregiver Support Program (NFCSP),

Reference: AASA Operating Standard for Service Programs VIII.C-19; Title III-E (NFCSP) of the OAA, UPAAA Program Overview for the NFCSP

Unit of Service: One hour of allowable education, support, and/or training program activities

Instructions: Read the following service standards and check (X) the boxes in the ‘Agree’ column to indicate if the organization agrees to abide by that standard. Asterisks in the ‘Agree’ column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. *Note: Refer to AASA Operating Standards for Service Programs for more information.*

ALL questions must be completed by all proposers requesting to provide Caregiver Education & Training services. Any questions not completed may delay or prohibit approval of this application.

| Definitions & Service Delivery | Agree (X) |
|--|---|
| <p>1. This program is intended to provide assistance to caregivers in understanding and coping with a broad range of issues associated with caregiving. Allowable programs include:</p> <ul style="list-style-type: none"> A. Education programs pertaining to physical, emotional, and spiritual aspects of caregiving B. Initiatives which provide support activities to caregivers, i.e., support groups, counseling, etc. C. Training programs pertaining to techniques to address caregiving skills for efficacy and caregiver confidence when caring for the care recipient. <p><i>Provide specific information related to the actual training/education curriculum(s) to be used. Specifically indicate what will be provided, the intended population for the curriculum(s) used, and the expected outcome for each one.</i></p> | <p align="center"><input type="checkbox"/>*</p> |

2. Each program shall utilize staff that has specific training and/or experience in the particular education and training programs being provided. **Describe who will be providing training and education events/workshops to caregivers and their families; specifically, what is their education, experience, and background related to work of this type? What training and education specific to Alzheimer's Disease and other related dementias have they had? What is their background related to addressing caregiver issues and needs?**



Please answer these additional questions specific to the delivery of in-home respite services:

A. Indicate why you feel providing this service is important in your geographical area. Specifically, how will it impact socially isolated, low-income and/or minority caregivers? Please provide your area's demographic data, recent outcomes achieved, etc. to explain your answers.

B. As a provider of this service, your agency is required to offer and conduct training and education to caregivers in all 15 counties of the Upper Peninsula. Describe your plan for ensuring that all caregivers throughout the Upper Peninsula are given the opportunity to participate in training and education opportunities you will offer. Specifically, what is your timetable/capacity for reaching all 15 counties within the first year, and then in each subsequent year of the 3-year contract?

C. Will any part of the proposed service be sub-contracted? YES NO

If yes, please explain:

LOCAL MATCH AND PROGRAM INCOME STANDARDS

Providers are required to furnish a minimum of 10% of total unit costs as a local match. However, providers are not limited to this amount. Match may exceed this 10% minimum. Local match may be cash, in-kind, or a combination of the two. Failure to provide adequate local match for each service will result in termination of this agreement and recapture of costs attributable to that service.

Providers will be required to report Local Match and Program Income, by service/by county, on a quarterly basis. Program income as reported will be deducted from a provider's next payment. Failure to accurately report actual Program Income collected from clients for each service will result in termination of this agreement and recapture of costs attributable to that service.

AGENCY FUNDING REQUESTS

1. Please indicate on the following form the amount in which you are applying for each category, service and county.
2. Include required match and estimated program income.
3. Provide separate information for each service represented in this application.
4. Grant dollars applied for shall not exceed county formula allocation levels.
5. Local match must be at least 10% (grant amount divided by 9) of grant dollars applied for.
6. Service Schedule – indicated the number of units to be provided by service and category.

Caregiver Education & Training: FY 2020 PROPOSED AGENCY FUNDING & UNITS

| COUNTY | SERVICE | A FUNDING REQUEST | B UNIT RATE | C (A÷B) UNITS | D (A÷9) LOCAL MATCH | PROGRAM INCOME | Proposed # of PARTICIPANTS to be Served |
|-------------|----------------|-------------------------|-------------------|------------------|---------------------------|-------------------|---|
| Alger | | | | | | | |
| Baraga | | | | | | | |
| Chippewa | | | | | | | |
| Delta | | | | | | | |
| Dickinson | | | | | | | |
| Gogebic | | | | | | | |
| Houghton | | | | | | | |
| Iron | | | | | | | |
| Keweenaw | | | | | | | |
| Luce | | | | | | | |
| Mackinac | | | | | | | |
| Marquette | | | | | | | |
| Menominee | | | | | | | |
| Ontonagon | | | | | | | |
| Schoolcraft | | | | | | | |
| | TOTALS: | | | | | | |