ORIGINAL

Carson City
Community Development Block Grant (CDBG) Program
Fiscal Year 2010–2011
****Request for Proposals****

An electronic version of this document is available from the CDBG Coordinator
Email request to: jbrod@ci.carson-city.nv.us

Return Completed Applications To: CARSON CITY PLANNING DIVISION
2621 NORTHGATE LANE, SUITE 62
CARSON CITY, NV 89706

APPLICATIONS ARE DUE: JANUARY 19, 4:00 P.M.

DEADLINE: *The date and hour deadline established is **FIRM** due to HUD submittal deadlines. Any proposal received **AFTER** the deadline **WILL NOT** be considered for funding.*

APPLICATION COVER SHEET

1. Agency Name: Nevada Rural Counties RSVP Program
2. Agency Mailing Address: P.O. Box 1708, Carson City, NV 89702
3. Project Name: RSVP Home Companion Respite Care Program
4. Project Address/location: 2621 Northgate Lane, Suite 6, Carson City, NV 89706
5. Agency Director: Janice R. Ayres
6. Board Chairperson: Jerry Thurman
7. Contact person (see instructions): Susan Haas
   Phone number: 775-687-4680, Ext.7 E-Mail: shaas@rsvp.carson-city.nv.us
   Fax: 775-687-4494 Website (if applicable) www.nevadaruralrsvp.org
8. What is your funding request for FY 2010–2011? $ 15,000
9. Type of funding requested (Check One):
   X Public Service
   _____ Public Facility/Improvement
   _____ Economic Development
   _____ Housing

BRIEF PROJECT DESCRIPTION:
Please provide a one-sentence description of your project (not your organization).
The RSVP Home Companion Respite Care Program provides in-home respite care and caregiver support services to Carson City's low income senior population by helping families avoid the premature institutionalization of their loved ones and even the caregiver in some instances.

Carson City
Community Development Block Grant Program (CDBG) Application

I. PROJECT ELIGIBILITY

A. **This project meets at least ONE of the HUD national objectives listed below** (please check all that apply)

X 1. Benefits low/moderate income individuals/households
____ 2. Addresses the prevention or elimination of slums or blight
____ 3. Meets a particularly urgent community development need

B. **Check all statements that describe HOW this project or activity meets one of the National Objectives above:**

____ ***L/M Area Benefit***: the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. ***Examples:*** street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.

X ***L/M Limited Clientele:*** the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. ***Examples:*** construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

____ ***L/M Housing:*** the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.

____ ***L/M Jobs:*** the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons. ***Examples:*** loans to pay for the expansion of a factory, assistance to a business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons.

____ ***Microenterprise Assistance:*** the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections.

____ ***Slum or Blighted Area:*** the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.

____ ***Spot Blight:*** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. ***Examples:*** historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building.

C. Project Category (check one):

____ Acquisition of Real Property

____ Disposition of Real Property (sale, lease or donation)

____ Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds).

____ Privately-Owned Utilities

X Public Service (i.e., a new service or an **increase** in the level of service

____ Relocation Payments and Assistance to Displaced Persons

____ Removal of Architectural Barriers, Handicapped Accessibility

____ Housing Rehabilitation

____ Historic Preservation

____ Commercial or Industrial Rehabilitation, including façade improvements and correction of code violations

____ Special Economic Development or assistance to microenterprises

II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix III). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects that provide a clear description of the project with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed activity, including how the activity will address the National Objective indicated and whether the activity is new, ongoing, or expanded from previous years.

   The RSVP Home Companion Respite Care Program provides respite to low to moderate income senior caregivers of senior loved ones. These senior caregivers provide 24/7 care for their loved ones suffering from Alzheimer's, Dementia, Parkinson's, COPD, Post Stroke, Cancer, Heart Disease and many other disabilities and to help prevent the premature institutionalization of the loved one. RSVP volunteers provide the caregiver with breaks twice a week to engage in enjoyable activities outside the home and to attend to their own needs. This assistance helps to reduce the stress and fatigue of 24/7 caregiving and insures a healthier existence for the caregiver. Caring for a person with Alzheimer's, Dementia and other debilitating illnesses requires considerable time and patience, and is exhausting and isolating, especially for frail seniors, and is an enormously draining experience emotionally, physically and financially. Regular breaks each week outside the home enable the caregiver to refresh and find the strength to carry on.

2. Describe who will benefit from the proposed activity:

   Low to moderate income seniors who provide full time care for a senior loved one.

3. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

_____ Abused Children	_____ Illiterate Persons	_____ Homeless Persons
_____ Battered Spouses	_X_ Elderly	_____ Severely Disabled Adults
_____ Migrant Farm Workers	_____ Other (Please explain)	

4. If your project will not be serving one of the above categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income:

   N/A

5. How will the CDBG funds be used on this project?
The funding will be used to recruit and train (both pre and post service, intake, etc.) volunteers and to provide background checks and mandatory licenses (CPR,etc.), and also to leverage grants from private foundations and other governmental entities.

6. Where will the project be located and what is the geographic target area that will be served by this project?

☐ Target Area (specify geographic area) _____
OR
☐ Community-wide

For Public Improvement Projects only

1. Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.)
The RSVP Respite Care Program is a stand-alone project.

2. Can this project be done in different phases? _____ Yes __X__ No
If YES, explain.

3. Have CDBG funds been used for an earlier phase? _____ Yes __X__ No

4. Who currently holds title to the property involved?
N/A

5. With whom will title be vested upon completion?
N/A

6. Do any rights-of-way, easements or other access rights need to be acquired?
_____ Yes __X__ No

7. If the project requires water rights or well permits, have they been acquired?
_____ Yes __X__ No

For Economic Development projects:

1. identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.
   N/A

For Housing Projects please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

III. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that ***outputs*** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and ***outcomes*** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. Please identify the quantifiable, projected **outputs** of this program/project.
   30 low to moderate income senior caregivers will be able to continue caring for their ill loved ones with the help of RSVP's in-home respite care services.

2. Please quantify the **total** number of persons intended to benefit from program/project output.
   30 caregivers/families.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?
   85% or 25 caregivers/families.

4. Please identify the quantifiable, projected **outcome** of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)
   The caregivers will experience better health with less stress related ailments allowing them to continue their unselfish efforts to care for their loved ones at home, preventing premature institutionalization because of their inability to provide the 24/7 care needed.

5. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?
   Respite Care volunteers provide activity reports and time sheets for each respite care session, which are closely tracked and recorded monthly by RSVP. RSVP also conducts in-home surveys to provide ongoing analysis of client progress to evaluate program success.

IV. CDBG PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

Project Title: RSVP Respite Care Program **Program Expenses FY 2010-11**	**CDBG Funds Requested**	**Leveraged Funds**	**Total Funds**
Salaries and Benefits		44,500	
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies	1,200		
Operating Supplies	1,800		
Postage and Shipping	1,000		
Printing and Publications	3,300		
Advertising and Promotion	6,000		
Subscriptions and Dues	500		
Liability/Other Insurance			
Professional Fees	1,200		
Other project costs: (Specify Below)		50,500	
Promo materials for community outreach,			
special events, information booths, awareness			
advertising ($8,000). 15 stipended volunteers,			
mileage, field representative, training ($42,500).			
TOTALS	15,000	95,000	

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:
   Susan Haas, 775-687-4680, Ext.7, shaas@rsvp.carson-city.nv.us

2. The person directly responsible for on-site supervision of the project, such as a project manager:
   Susan Haas, 775-687-4680, Ext.7, shaas@rsvp.carson-city.nv.us

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:
   Donna Dorris, 775-687-4680, Ext.5, ddorris@rsvp.carson-city.nv.us

4. Please list the name, address, phone number and e-mail of the person responsible for preparing the quarterly reports and tracking the performance on this program/project.
   Susan Haas, 775-687-4680, Ext.7, ddorris@rsvp.carson-city.nv.us

VI. AGENCY INFORMATION

1. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	July 16, 1992
Date of IRS certification	June 18, 1992
Tax exempt number	94-3164032

2. DUNS Number: 06-786-7080
   For information on DUNS, go to: http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf

3. Attach the following to each copy of the Proposal for Funding:

   a. IRS Tax Exempt "501(c)(3)" letter.

   b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)

   c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.

   d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).

   e. *For all 501(c)(3) non-profit organizations*: a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

4. Required Certification (see instructions):

   Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Janice R. Ayres Signature of Authorized Official	01/15/2010 Date
JANICE R. AYRES, EXECUTIVE DIRECTOR & CEO Typed Name and Title of Authorized Official	775-687-4680, Ext.2 Phone Number

[illegible] Signature of President of Board of Directors	01/15/2010 Date
JERRY THURMAN Typed Name of President of Board of Directors	775-882-9537 Phone Number

CDBG Application Questions
Nevada Rural Counties, RSVP

1. Will these funds be used within Carson City only. If not, what percentage will be used within Carson City. Yes, the funds from CDBG will be used in Carson City only.

2. With the funds requested, how many respite workers can be qualified to volunteer in the program? 30
3. How many of the qualified worker/volunteers will be serving the Carson City area, as opposed to the rest of RSVP's service territory? 30
4. What can you tell us about the need for additional volunteers? Is there any quantitative data about demand for this assistance?

   Carson City volunteers currently comprise 25% of our Respite Care Program. In the last six (6) months we have seen a 44% increase in the number of clients and caregivers that we are assisting in Carson City. In January alone we added eight (8) new clients and four (4) are Carson City residents. The funding that we are requesting will assist low and moderate income seniors to continue to care for their loved ones at home. Many citizens are not yet aware of our service and that this service is free. In home care is very expensive and out of range for most caregivers. The cost ranges from $20 - $25 per hour. The Division for Aging and Disability Services tells us that nationally, one (1) in four (4) people are caregivers. The NV Rural Counties RSVP Home Companion Respite Care Program is the only respite care program in Carson City that is free.
5. Is the program currently active? Yes.