

Attachment A: 2023 Federal Fiscal Year Relative Caregiver Support Funding Opportunity

Use of document: This document is a required attachment for Grant Application #437003-G23-0002122 to apply for funds as described in DSP Information Memo *2023 FFY Relative Caregiver Support Funding Opportunity*. This funding must be used to assist relative caregivers in learning about, finding, and using programs and services to meet their needs and the needs of the children they are raising. This may include maintaining existing programs and services for relative caregivers, such as support groups.

- Contracts shall be awarded based on the response received with a contract term October 1, 2022, through September 30, 2023.
- All applications must be completed and submitted to the Kinship Care Specialist via DCFDSPKinshipNavigator@wisconsin.gov no later than 5:00pm on November 16, 2022. Applications received after the deadline will not be considered.

I. Applicant Type

Applicant Type:

Single agency Consortium of agencies Other, describe:

Agencies Involved:

Identified Lead Agency:

Identified Program Contact (responsible for coordinating activities):

E-mail:

II. Proposed Plan

Provide an overview of how the agency will use the level of funding sought. This shall include, at a minimum:

- The overall goal of the plan and activities, and the general outcomes sought;
- The target population the plan will serve;
- How the agency will provide outreach to the target population;
- The key activities of the plan; &
- How the activities will achieve the goals and outcomes.

Describe how the funding requested will enhance the agency's ability to assist relative caregivers in obtaining benefits and services to meet their needs and improve their caregiving.

Describe the timeline for implementation of the plan and the agency's readiness to start proposed activities and expend total award by September 30, 2023. Please note that funding can cover eligible expenses starting October 1, 2022. Awarded applicants can backdate eligible expenses incurred on or after October 1, 2022.

Describe how the agency will track success of its plan and monitor necessary changes to increase positive outcomes. A description of the tracking methods and evaluation tools to be used is required.

III. Funding Requested

Indicate the associated cost to the agency to implement each individual activity described under number II. above. Please be as specific as possible when assigning costs to an activity, and if the activity includes multiple cost categories, such as venue, food, childcare, etc., please provide a breakdown that includes subtotals for those cost categories. For activities such as respite, please be specific with the number of families you intend to serve, the respite hours that will be provided, and the hourly rate that will be reimbursed.

TOTAL REQUESTED \$

IV. Attestation

- I agree to participate in all grantee administrative activities (e.g. kick-off meeting, quarterly check-in meetings, etc.).
 - I agree to complete plan evaluation activities, including quarterly survey reporting.
 - I agree to submit all expenses through SPARC within 60 days of expenditure.
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