

SOUTHERN MAINE AGENCY ON AGING  
FAMILY CAREGIVER SUPPORT PROGRAM

**APPLICATION FOR COLLABORATIVE MINI-GRANT 2010 - 11**

**APPLICANT INFORMATION**

CONTACT PERSON \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**COLLABORATIVE PROPOSAL INFORMATION**

PROPOSED PROGRAM / PROJECT NAME \_\_\_\_\_

DESCRIPTION OF THE PROPOSED PROGRAM / PROJECT (continue  
on separate page if needed)

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\_\_\_\_\_

\_\_\_\_\_

AMOUNT OF SEED MONEY REQUESTED \_\_\_\_\_

TYPE(S) OF CAREGIVERS TO BE SERVED (check all that apply):

- Family / friends assisting people age 60 or over
- Family / friends assisting people with dementia
- People age 55+ raising minor children (kinship parents)
- Employers / employee caregivers
- Minority seniors / caregivers
- Low income seniors / caregivers
- Other \_\_\_\_\_

WHAT CAREGIVER NEED(S) IS THE PROGRAM INTENDED TO MEET?

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HOW WILL THE PROGRAM FIND AND ENGAGE CAREGIVERS?

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HOW WILL THE CAREGIVERS YOU REACH BE COUNTED?

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**PROGRAM GOALS & OBJECTIVES, AND PLAN**

Please use worksheet, page 4

**BENEFITS AND SUSTAINABILITY**

DESCRIBE THE BENEFITS OF THE PROGRAM TO YOUR ORGANIZATION

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DESCRIBE THE BENEFITS OF THE PROGRAM TO SMAA

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HOW WILL THE PROGRAM'S EFFECTIVENESS / SUCCESS BE EVALUATED?

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HOW WILL THE PROGRAM CONTINUE BEYOND THE GRANT PERIOD?

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WHERE CAN / WILL ONGOING FUNDING COME FROM?

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**BUDGET**

Please use worksheet, page 5

**REPORTING**

Please see reporting guidelines, page 6

**ADDITIONAL INFORMATION**

Please include any other information you would like to have considered in the review of your proposal.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**PROGRAM GOALS, OBJECTIVES AND PLAN**

<b>GOAL</b>	<b>OBJECTIVES</b>	<b>RESPONSIBILITY</b>	<b>ACTION PLAN</b>	<b>DUE DATE</b>

## BUDGET WORKSHEET

	SEED MONEY REQUEST	IN-KIND CONTRIBUTION	OTHER SOURCES	TOTAL
PERSONNEL				
CONSULTANTS				
TRAVEL				
EQUIPMENT				
SUPPLIES				
POSTAGE				
PRINTING/COPYING				
TELEPHONE/FAX				
RENT/UTILITIES				
OTHER				
<b><u>TOTAL</u></b>				

**Notes/description of line items:**

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## **REPORTING GUIDELINES FOR PROGRESS AND FINAL REPORTS**

Progress and final reports should contain the following elements:

- Progress toward outlined goals and objectives
- Number of caregivers reached through collaborative efforts
  - Please provide a clear definition of how caregivers were reached (i.e. 1:1 contact through counseling sessions, attendees at education program, circulation of newsletter, etc.)
- Challenges confronted in completing the goals and objectives
- Changes to plan as written
  - It is expected that any substantive changes will have already been agreed upon with SMAA
- Update of spending, in-kind contributions, and funding from other sources
- Plans for sustaining the project / program after the grant period

### **TIME LINE FOR REPORTING:**

Mid-point Progress Report	Approximately half way through the collaboration time frame
Final Report	Upon completion of the program (no later than June 30, 2011)

Reports should be sent to:

Ann O'Sullivan, OTR/L, LSW  
Southern Maine Agency on Aging  
136 US Route One  
Scarborough, ME 04074

[aosullivan@smaaa.org](mailto:aosullivan@smaaa.org)