



**2018**  
***Shaffer-Leinhard Caregivers Support Fund***  
***Grant Application***

The Shaffer-Leinhard Caregivers Support Fund makes respite care services and other supports possible for those who are providing hands-on, in-home care to a family member. Non-profit organizations that provide respite care can apply for grants from the Shaffer-Leinhard Caregivers Support Fund. In turn, the non-profits can fund the costs or occasional respite care for their clients who need it most.

The program provides one-year grants of up to \$3,000 for respite care. Grants are given to nonprofit organizations providing services in Harford County, Maryland.

**ELIGIBILITY REQUIREMENTS**

- Must be a 501(c)(3) organization providing services in Harford County
- Grant funds must be used for respite care for those providing hands-on, in-home care to a family member.
- Retroactive funding will not be awarded.
- Only complete proposals will be reviewed
- Previous CFHC grant recipients must complete a final report to be eligible to apply for any additional funding

**APPLICATION REQUIREMENTS (one copy of each item)**

- Cover letter on organizational letterhead, signed by the Executive Director, summarizing the request, the organization's mission, and past funding received from CFHC (if any)
- Completed application cover sheet
- Application narrative, **not to exceed four pages in 12-point or larger font**
- Organization's 501(c)(3) determination letter from the Internal Revenue Service
- List of Board members and Executive staff
- Current year operating budget and respite care program budget
- Most recent audited financial statements (one copy only). If none, explain why audited financial statements are not available.

**DEADLINE: Applications must be RECEIVED by 12:00 pm, DATE: May 31, 2018**

Applications may be submitted via email, postal mail, or personal delivery. Faxed proposals will not be accepted.

**Postal Address:** Community Foundation of Harford County, PO Box 612, Bel Air, MD 21014

**Email:** [cfharfordcounty@comcast.net](mailto:cfharfordcounty@comcast.net) Subject line: 2013 Shaffer-Leinhard Fund Request

**Street Address:** P.O. Box 612, Bel Air, MD 21014

**ADDITIONAL INFORMATION**

Eligible applicants receiving a grant award from the Community Foundation of Harford County (CFHC) may only use grant funds for charitable purposes as stated in the proposal. CFHC has the authority to withhold and/or recover grant funds if at any time grant funds are misused. CFHC will investigate allegations of improper use of grant funds for the private benefit of donor-advisors. Grantees must provide a financial and narrative report at the project's end. Contact Brigitte Peters, CFHC Executive Director, with questions - 443-371-6062 or [cfharfordcounty@comcast.net](mailto:cfharfordcounty@comcast.net).



## Shaffer-Leinhard Caregivers Support Fund Grant Application Cover Sheet

- **Applicants must complete this cover sheet. The form may be reproduced on computer following a similar format.**
- **Please type, using 12-point or larger font.**
- **Use no more than 4 pages for the application narrative. Number all pages and place organization name in the upper left corner of each page.**
- **Provide one copy of the full application.**
- **Do not staple or bind.**

Organization's Legal Name:

Address:

Phone Number:

Email:

Contact Person and title:

Contact Phone:

Amount requested:

Total project/program cost:

Total organization budget:

Project/Program Title:

Proposal Summary (max. of 300 words):

## **Shaffer-Leinhard Caregivers Support Fund Grant Application Narrative**

Narrative: Answer these questions, using no more than 4 pages.

1. Describe the mission, history, and programs of your organization.
2. Describe your respite program, including how it currently assists family caregivers. Provide detail about the families served (number, ages, geographic area served), number of days of care provided, type of care provided (in-home, community-based, etc.), personnel and training, program timeline, family selection criteria, fees, etc.
3. Describe how this grant will be used. Provide a respite program budget showing revenue and expenses, including other funding sources for the respite program.
4. Describe how the respite program is evaluated and monitored.
5. If applicable, how will this program be sustained beyond this grant?

### **Grant Application Appendix**

- Organization's 501(c)(3) determination letter from the Internal Revenue Service
- List of Board members and Executive staff
- Current year operating budget
- Most recent audited financial statements (one copy only). If none, explain why audited financial statements are not available.