

Community Living Network

Faith Based Respite Application

Church/Association: _____

Name of Project: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Please answer the following questions as completely as possible. Decisions will be based on the information you provide using the attached criteria. Please feel free to use additional sheets of paper, if needed to tell your story.

1. Where will the faith based respite program take place?

2. Please describe the inclusive setting of the respite program.

3. Briefly describe the faith based respite program details.

4. How many individuals do you expect to serve with the faith based respite program?

5. Is this a start-up respite program or an expansion?

6. What is the benefit(s) the families/caregivers will receive from your program?

7. When do you want to start the faith based respite program?

Start date: _____

8. Total Funding Requested? _____

9. How do you propose to spend the money? *Please attach a list of items and estimated costs with this application.*

Attach any photos, drawings, plans or any other supporting documentation that you think would be helpful.

Signatures:

Primary Contact Person (Print Name): _____

Signature: _____

Address: _____

Phone/Email: _____ / _____

Co-Applicant (Print Name): _____

Signature: _____

Address: _____

Phone/Email: _____ / _____

Co-Applicant (Print Name): _____

Signature: _____

Address: _____

Phone/Email: _____ / _____

Co-Applicant (Print Name): _____

Signature: _____

Address: _____

Phone/Email: _____ / _____

Co-Applicant (Print Name): _____

Signature: _____

Address: _____

Phone/Email: _____ / _____

Must have at least 3 members for a project team; all project members need to sign and will need to submit Donated Services Time Sheets.

Selection Criteria

How will faith based respite programs be selected?

Applications will be accepted monthly and reviewed by the Planning Advisory Committee.

Here is the criteria that will be used to select applications for funding.

1. Church/Associated Involvement

- Will the faith based respite program provide safe and engaging care to persons with developmental disabilities?
- Is the faith based respite program an inclusive setting?
- Will persons with disabilities and their families be involved?

2. Benefit to the Neighborhood/Community

- Will the faith based respite program benefit the community as a whole?
- Does the project address an important neighborhood/community need?
- Does the project address an important need for individuals with disabilities and their families/caregivers?

3. Feasibility

- Is the faith based respite program stated in clear terms?
- Does the applicant appear to have a clear understanding of what it will take to successfully implement a faith based respite program?
- Is the requested funding and list of purchases realistic for the program?



If you have any questions, contact

East Texas Aging and Disability Resource
Center
903-295-5922



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