

AFH State Civil Penalty Reinvestment Program Grant Application

Review the [instructions](#) document when completing this application. This application is only to be used to apply for funding projects benefiting residents of an Adult Family Home (AFH). Applications will only be accepted between June 1 and July 31. Any questions or completed applications should be sent to scprprogram@dshs.wa.gov.

Section 1. Applicant Information					
1. NAME OF APPLICANT ORGANIZATION					
2. MAILING ADDRESS		CITY	STATE	ZIP CODE	COUNTY
3. PRIMARY CONTACT PERSON					
4. EMAIL			5. TELEPHONE NUMBER		
6. WEBSITE					
7. IS THE APPLICANT AN AFH PROVIDER? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, what type of organization is the applicant? Please also attach references to support your application from a provider, provider association, the Ombuds, or other group.					
8. DESCRIBE YOUR ORGANIZATION; IF THE ORGANIZATION IS NOT AN ADULT FAMILY HOME, DESCRIBE THE RELATIONSHIP WITH ADULT FAMILY HOMES (E.G. MISSION STATEMENT, NUMBER OF YEARS OF SERVICE, ETC.)					
Section 2. Description of Project					
1. PROJECT TITLE					
2. TIMELINE FOR PROJECT					
Length		Start date:		Projected end date:	
3. PROJECT CATEGORY					
<input type="checkbox"/> Culture Change / Direct Improvements to Quality of Life <input type="checkbox"/> Direct Improvements to Quality of Life <input type="checkbox"/> Training <input type="checkbox"/> Client Information <input type="checkbox"/> Quality Assurance and/or Performance Improvement <input type="checkbox"/> Other, please specify:					

4. DESCRIBE THE PROJECT AND ITS PURPOSE

5. WHY ARE YOU PROPOSING THIS PROJECT FOR THIS GROUP? DESCRIBE THE BENEFIT TO AFH RESIDENTS, INCLUDING WHY YOU BELIEVE YOUR POPULATION WILL BENEFIT AND BE INTERESTED IN PARTICIPATING IN THE PROJECT. THIS MAY ALSO INCLUDE HOW IT WILL BENEFIT THE HOME OVERALL, SUCH AS STAFF DEVELOPMENT OR QUALITY OF SERVICES PROVIDED, AND ANY RESEARCH THAT HAS BEEN DONE ON THE EFFECT OF THIS TYPE OF PROJECT ON LONG-TERM CARE RESIDENTS.

6. DESCRIBE THE ORGANIZATION'S ABILITY TO COMPLETE THE PROJECT, INCLUDING RESOURCES RELEVANT TO THE PROPOSED PROJECT. WHO WILL BE DOING THE WORK OF THE PROJECT AND WHAT ARE THEIR QUALIFICATIONS?

Section 3. Description of Costs

1. PROVIDE THE AMOUNT REQUESTED FOR THE PROJECT.

Total amount requested: \$

Total non-SCPRP funds received or anticipated for the project: \$

Estimated number of residents who will benefit:

Estimated dollar spent per resident: \$

2. HAVE YOU ATTACHED A DETAILED LINE ITEM BUDGET TO THE APPLICATION?

Yes No (note that applications received without a detailed line item budget will be considered incomplete. Use [DSHS 19-237](#) Budget template.)

3. EXPLAIN HOW YOU CALCULATED COSTS. IF THERE ARE COSTS THAT DO NOT DIRECTLY BENEFIT RESIDENTS, EXPLAIN WHY THEY ARE NEEDED.

3. DESCRIBE ANY OUTSIDE FUNDING SOURCES OR OUTSIDE PARTNERS ON THE PROJECT.

Section 4. Project Deliverables and Monitoring

1. LIST THE PRODUCTS THAT WILL BE PURCHASED OR PRODUCED FOR THIS PROJECT (E.G. ELECTRONICS OR OTHER EQUIPMENT, TRAINING MATERIALS, CURRICULA, ETC.).

2. WHAT PERFORMANCE METRICS WILL YOU USE TO DEMONSTRATE THE EFFECTIVENESS OF THE PROJECT? PLEASE DESCRIBE HOW YOU WILL DETERMINE IF THE PROJECT IS ACHIEVING THE DESIRED OUTCOMES, PARTICULARLY ANY IMPACT ON ADULT FAMILY RESIDENTS. INCLUDE INFORMATION ABOUT ANY SPECIFIC EVALUATION TOOLS YOU WILL USE IN REPORTS TO THE DEPARTMENT.

Section 5. Conflicts of Funding or Other Requirements

1. DESCRIBE HOW THIS PROJECT DOES NOT DUPLICATE EXISTING REQUIREMENTS FOR THE PROVIDER OR OTHER FEDERAL OR STATE SERVICES.

2. DESCRIBE HOW THIS PROJECT DOES NOT DUPLICATE FUNDING FOR SERVICES.

Section 6. Risks and Sustainability

1. HOW WILL YOU CONTINUE THE PROJECT AFTER THE GRANT HAS ENDED?

2. DESCRIBE POTENTIAL RISKS OR BARRIERS ASSOCIATED WITH IMPLEMENTING THIS PROJECT AND THE PLAN TO ADDRESS THESE CONCERNS.

Section 7. Applicant Certification Signature

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT