Request for Proposals: Funding to Address Social Isolation of Older Adults with Histories of Trauma

OPTIONAL INFORMATION SESSION:

Thursday, November 12, 2020; 1pm ET
Learn About the Uniper Program
Review the Terms of the RFP and Address Any Questions
Hear from NJSHA colleagues that have brought Uniper to their clients

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Introduction:

The Network of Jewish Human Service Agencies (NJHSA) invites the participation of NJHSA US member agencies in good standing to join in a collaborative response to a Request for Proposals issued by the Jewish Federations of North America (JFNA) and its Center for Advancing Holocaust Survivor Care. The focus for this Request for Proposals is for National Networks to provide for Person-Centered, Trauma-informed Supportive Services for Older Adults with Histories of Trauma with a program response utilizing technology to address social isolation. The JFNA and its Center for Advancing Holocaust Survivor Care is issuing this RFP as an initiative of its grant from the US Administration for Community Living (ACL).

In response to the JFNA RFP, NJHSA proposes to establish a partnership with Uniper Care to bring the Uniper Care technology to a maximum of 5 participating NJHSA member agencies, with the goal of serving a maximum of 650 older adults through a collaborative consortium of participating agencies. The target populations to be served are older adults with histories of trauma who struggle with social isolation. Target populations can include Holocaust Survivors, older adults who are Refugees, Victims of Domestic Violence, Veterans, older adults who have experienced racial, economic or gender discrimination or those with histories of trauma resulting in need for ongoing mental health and other supportive services.   Vulnerable, at-risk and frail older adults with particular struggles associated with the impact of COVID-19 may also be considered for this grant.

The funding to be made available through this RFP will be a two-year grant to support core costs

associated with implementing the Uniper Care technology with participating agencies. Agencies are asked to provide required staffing as needed. Those staffing costs may represent required match contributions. Participating agencies will be required to document a match of at least 25% to support related costs (administrative costs, social work case management staffing, program expenses, etc.) associated with implementing the technology and will also be required to provide details on plans to sustain the service beyond the terms of the grant period.

Total grant for NJHSA will not exceed $400,000 per year, based on Congressional appropriations, beginning in January 2021, with the understanding that the funds will be divided among a maximum of up to 5 participating NJHSA agencies, with the goal for each participating agency of serving a maximum of 130 older adults with histories of trauma who struggle with social isolation. Agencies may choose to allocate participating clients between the Uniper TV version and the Uniper web-based version (for clients who prefer access via computers or tablets as opposed to television sets). Agencies may also estimate the number of clients (up to a maximum of 40% of participating clients) that will need assistance with securing access to internet connectivity (required for both options). Uniper is able to help with making arrangements for those clients requiring such access at a subsidized rate.

Agencies interested in applying should complete the application by close of business on Monday, November 30, 2020. You will receive a confirmation of your submission. Grants will be announced by the end of December 2020 and the program will commence in January 2021.

Please contact Reuben Rotman, CEO at the Network at rrotman@networkjhsa.org with questions.

NETWORK
of Jewish Human
Service Agencies

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Agency Information

1. Agency Information

Agency Name

City/Town

State

ZIP

2. Lead Contact Person (for purposes of this application):

Name

Title

Email Address

Phone Number

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Section 2: Program Description and Grant Request

3. Brief Summary of Organization's History of Services for Older Adults with Histories of Trauma (Holocaust Survivors, older adults who are Refugees, Victims of Domestic Violence, Veterans, Older Adults who have experienced racial, economic or gender discrimination or those with histories of trauma resulting in need for ongoing mental health and other supportive services). Include the estimated number of clients meeting this profile currently being served and current services offered for each target client population as appropriate for your agency. (300 words).

4. Program Description

Present a summary of the proposed program using Uniper Care and why this program will help your agency to advance efforts to reduce social isolation among the target populations. Provide an overview of the program goals and objectives and indicate the number of participants for each client profile that the program aims to benefit in Year 1 and Year 2. Explain the rationale and strategy for providing the program for the selected number of participants (200 words).

5. Explain how the services provided through this program would be innovative or different from the services currently provided by the organization to older adults with histories of trauma.

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6. List and describe the content of the proposed program, such as classes, trainings, events, case management or other services that will be held in Year 1 and Year 2, indicating how many events will take place in each program year. Please ensure this information is reflected in the Work Plan (100 words).

7. Explain how the expected outcomes will be achieved using a PCTI (person centered, trauma informed) approach. 100 words)

8. Explain the agency's strategy to include program participants in the planning and implementation of the Uniper program. (100 words)

9. Explain the organization's capacity to successfully carry out the program proposal in terms of staffing, administrative support, technology, financial resource management, other infrastructure, and ability to comply with grant requirements. Specify which staff members will be responsible for carrying out what grant-related responsibilities. (200 words)

10. Describe the organization's plan to evaluate the impact of this proposed program on its participants. (200 words)

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Section 3: Sustainability

11. Describe the organization's plan to meet the required minimum match. Explain how the strategy is feasible and realistic. (100 words)

12. Explain the organization's strategy to sustain the program after the grant period ends. (100 words)

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Section 4: Budget

Note: This guidance is best utilized when read in combination with the provided *Budget template*. **Submit a proposed budget using the template provided. Only budgets submitted on this template will be reviewed. List the amount of JFNA funds requested, the applicant's minimum match, and the total program budget. If there is Overmatch, the Overmatch should be reflected on a separate line and <u>not counted in the total program budget</u>. Applicants should add lines for additional costs as needed. This budget should encompass a two-year programmatic budget, covering the period of January 1, 2021 through December 31, 2021 and from January 1, 2022 through December 31, 2022.**

Applicant's budget should include:

Program Revenue (listed by source):

Proposed Award from JFNA

Agency Support

Federation Grants

State Government Grants

Local Government Grants

Foundation Grants

Individual Contributions

Program Expenses:

All program personnel (full or part-time) directly employed by agency

Fringe benefits

Consultants

Registration for JFNA's Virtual Training Workshops (agencies may budget up to $200/person for a maximum expense amount of $1,000)

Activity supplies (Uniper Technology Costs as detailed blow in the Budget Narrative Section)

Entertainment

Marketing for program outreach and events

Staff travel for service delivery

Overhead Expenses (template here):

General administration

General expenses such as salaries and expenses of executive officers, personnel administration, accounting and office equipment and supplies.

Overhead **does not** include cellular phones or computers that are specifically dedicated to the program.

Overhead may not exceed 10% of total program budget (JFNA grant + minimum match).

* 13. **Upload your budget** *(please remember to uniquely name your file)*

| Choose File | Choose File | No file chosen |

Budget Narrative

Note: This guidance is best utilized when read in combination with the Budget Narrative section in the application portal.

The budget narrative explains the rationale of the agency's proposed budget, including program revenue sources and program expenses. Please use the budget narrative to explain the numbers and decisions behind the proposed budget. **Applicants are required to use the provided template for their budget narrative.**

Budget Narrative Scoring

The budget narrative for this grant should include the following characteristics:

A feasible and realistic explanation of funding sources for each financial contribution indicated on the budget

All information about program staffing, including a listing by position, all full or part-time employees dedicated to this program, and whether these constitute existing or new staff for the organization

A list and explanation of the costs associated with activities, events, classes, and meetings

The program costs in the budget correlate with the program tasks in the Work Plan

Program Revenue

Financial Contributions: Include an explanation of each funding source and whether that funding is secured, in process, or anticipated.

In-Kind Contributions: List all in-kind/non-monetary contributions the organization anticipates receiving and using for this program. Include a breakdown of the fair market monetary value. List the source of the contribution (i.e. an individual, organization, etc.). For contributions of personnel, please include salary/wage levels for each staff member and/or consultant. In addition, provide the cost of rental space, if applicable. Clarify whether each contribution is secured, in process, or anticipated. Volunteer hours can be calculated with the following equation: number of hours worked multiplied by $24.69 = value of in-kind contribution.

Program Expenses

Personnel: List all personnel supported by the JFNA grant, including staff members and consultants (excluding homecare aides). Type 'staff' or 'consultant' to indicate who is filling the position. Type 'current' or 'future' to differentiate between personnel who are currently employed by the organization and future hires. Enter the percent of FTE, the annual salary, and the budgeted amount.

Training Workshop: JFNA requires sub-grantee participation in the JFNA 2021 Virtual Training Workshop. Agencies may budget up to $200 per person from grant funds for staff to participate in the Training Workshop 2021, up to a maximum total expense of $1,000. There will not be a Training Workshop in 2022.

Program Activities (Costs for Uniper technology): Explain the cost for the following items and activities necessary to implement the program. Please include the number of events, people, and/or items:

Uniper Technology (agencies can budget the following for Uniper technology expenses):

One-time implementation fee: $4,000/agency

- One-time installation for TV version: $150/client
- Monthly subscription for TV version: $30/month
- Monthly subscription for Web version: $20/month
- Monthly subsidized access to internet: $40/month for up to 40% of participating clients
- Total clients to be served with TV units: 100 clients
- Total clients to be served with Web Total version: 30 clients

Entertainment/speaker fees
Marketing for program outreach
Staff travel for service delivery

Overhead: Define each item and its cost/rate. Please indicate if the organization has an indirect cost agreement with the federal government. If applicable, documentation of the indirect cost agreement should be uploaded in the Financial Documentation section of the application portal.

* 14. **Upload your Budget Narrative** *(please remember to uniquely name your file)*

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Work Plan

Note: This guidance is best utilized when read in combination with the provided *Work Plan template.*

Work Plan Definitions:

Goal: An aim or desired result of a program, event, or initiative (e.g. improved mental health among Holocaust survivors)

Outcome: The measurable change or benefit that results from the program (e.g. 30% decrease in Holocaust survivors reporting that they feel depressed)

Major Objective: Primary desired result of a task (e.g. increased organization capacity to provide mental health services to Holocaust survivors)

Key Task: A focused and specific task often required to be finished within a certain time that is critical for reaching the major objective (e.g. hiring of mental health professionals)

Work Plan Scoring

The work plan for this grant should include the following characteristics:

1.   Clear program goals

2. Measurable program outcomes

3. Reasonable objectives and tasks

4. Reasonable timeframes

5. Feasible and realistic amount of work required for each staff member

6. Program implementation will begin by January 1, 2021

Using the template provided, create a Work Plan for each program goal:

1.   Fill out the first page of the template, listing every goal of the program.

2. Complete a separate chart for each goal.

3. List the goal and measurable outcome at the top of the chart.

4. List the major objectives next to the numbered row, and the main tasks under the objectives. Add rows for tasks and objectives, as necessary. Delete rows that are not necessary.

5. In the column titled "Lead Person(s)," note the job title of the individual who will take the lead on accomplishing the task.

6. Indicate the anticipated completion dates for the major objectives by filling the box(es) in black that correspond with the month(s) when the tasks will be addressed.

7. Create a key, listing each staff position entered in the Work Plan and its associated abbreviation (e.g. SVP = Senior Vice President).

* 15. **Upload your Work Plan** *(please remember to uniquely name your file)*

Choose File   Choose File   No file chosen

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Section 5: Agency Approval

* 16. Please indicate that the CEO/ED of the organizaation has approved the submission of this application.

◯ Yes, the CEO/ED has approved the submission of the application

◯ Other (please specify)

[   ]

* 17. If a project of this type would require board approval at your agency, please indicate that the agency's board of directors is supportive of this application.

◯ Yes, the agency's board of directors is supportive of this application.

Thank you for your submission. If you have any questions or concerns, please contact Reuben Rotman at rrotman@networkjhsa.org.