**Application for Relative Caregiver Support Funding**

**Federal Fiscal Year 2024**

**Use of form:** This form is a required attachment for Grant Application #437003-G24-0002318 to apply for funds as described in DSP Information Memo *2024 FFY Relative Caregiver Support Funding Opportunity*. This funding must be used to assist relative caregivers in learning about, finding, and using programs and services to meet their needs and the needs of the children they are raising. This may include maintaining existing programs and services for relative caregivers, such as brief legal services and concrete supports.

* Contracts shall be awarded based on the response received with a contract term October 1, 2023, through September 30, 2024.
* All applications must be completed and submitted to the Kinship Care Specialist via [DCFDSPKinshipNavigator@wisconsin.gov](mailto:DCFDSPKinshipNavigator@wisconsin.gov) no later than 11:59pm on **November 12, 2023.** Incomplete applications and those received after the deadline will not be accepted.

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| **I. Applicant Type** | |
| Applicant Type:  Single agency  Consortium of agencies  Other, describe: | |
| Agencies Involved | |
| Identified Lead Agency | |
| Identified Direct Program Contact Full Name (responsible for coordinating activities) | |
| E-mail of Identified Direct Program Contact | |
| **II. Agency Relative Caregiver Data:** | |
| Number of children receiving Voluntary Kinship Care | |
| What percentage of children placed in out-of-home care are placed with relative caregivers (include court ordered kinship, unlicensed and licensed relative placements)?     % | |
| Number of children receiving Court Ordered Kinship Care | |
| Number of children receiving Long Term Kinship Care | |
| **III. Proposed Plan** | |
| Provide an overview of how the agency will use the level of funding sought. This shall include, at a minimum:   * The overall goal of the plan and activities, and the general outcomes sought; * The target population the plan will serve and if the agency/regions relative data was considered; * How the agency will provide outreach to the target population; * The key activities of the plan; * How the activities will achieve the goals and outcomes. * Priority will be given to proposals that:   + Develop activities based on input from relative caregivers and youth raised by relative caregivers.   + Include innovative uses of concrete supports and brief legal services.   + Have programming focused on caregiver well-being, navigating shared parenting dynamics, parental substance use and recovery, and preparing caregivers for reunification. | |
| Describe how the funding requested will enhance the agency’s ability to assist relative caregivers in obtaining benefits and services to meet their needs and improve their caregiving. | |
| Describe how the agency will track success of its plan and monitor necessary changes to increase positive outcomes. | |
| **IV. Funding Requested** |
| Indicate the associated cost to the agency to implement each individual activity described under section III. above. Please be as specific as possible when assigning costs to an activity; if the activity includes multiple cost categories, such as venue, food, childcare, etc., please provide a breakdown that includes subtotals for those cost categories. For example, for activities related to legal services please indicate the number of families you plan to assist with legal services and the cost for each unit/service, or number of attendees served at a legal clinic and cost of event. |
| **TOTAL REQUESTED**  **$** |
| **V. Attestation** |
| I agree to participate in all grantee administrative activities (e.g. kick-off meeting, check-in meetings, etc.).  I agree to complete plan evaluation activities, including quarterly survey reporting.  I agree to submit all expenses through SPARC within 60 days of expenditure. |