



## APPLICATION FOR OLDER AMERICANS ACT FUNDING

**General Contact Information:**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Type:**

Public/Government

Private Non-Profit

Private for Profit

**Program Area:**

Personal Care

Congregate Meal

Title III, LTC Ombudsman

Homemaker

Transportation

Family Caregiver Support Program

Home Delivered Meals

Legal Services

Elder Abuse Prevention

Adult Day Care/Health

Information & Assistance

Title VII, LTC Ombudsman

Case Management

Disease Prevention &  
Health Promotion

Other: \_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_

**Summary of Cost (See Instructions):**

1. Older Americans Act Funds Requested \$ \_\_\_\_\_

2. Non-Federal Match

A) Cash \$ \_\_\_\_\_

B) Value of In-Kind \$ \_\_\_\_\_

3. Program Income \$ \_\_\_\_\_

4. Other Non-Match, Non-Income Funds

A) \_\_\_\_\_ \$ \_\_\_\_\_

B) \_\_\_\_\_ \$ \_\_\_\_\_

C) \_\_\_\_\_ \$ \_\_\_\_\_

D) \_\_\_\_\_ \$ \_\_\_\_\_

5. Total Program Cost (1+2+3+4) \$ \_\_\_\_\_

The governing body of the applicant has authorized this proposal for submission.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Applicant Agency: \_\_\_\_\_

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Part A: PROGRAM DESCRIPTION

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

Applicant Agency: \_\_\_\_\_

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Part A: PROGRAM DESCRIPTION

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

Applicant Agency: \_\_\_\_\_

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**Part A: PROGRAM DESCRIPTION**

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

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Applicant Agency: \_\_\_\_\_

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Part A: PROGRAM DESCRIPTION

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

Applicant Agency: \_\_\_\_\_

Part A: List the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served based on the RFP Program Specific Requirements. Visit the Sourcewise website at <http://www.mysourcewise.com/area-plan> for an inclusive list of program specific requirements.

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TYPE OF UNITS TO BE PROVIDED	NUMBER OF UNITS	UNDUPLICATED PERSONS SERVICED
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Applicant Agency: \_\_\_\_\_

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Part B: PROGRAM MANAGEMENT

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

Applicant Agency: \_\_\_\_\_

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Part B: PROGRAM MANAGEMENT

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Applicant Agency: \_\_\_\_\_

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Part B: PROGRAM MANAGEMENT

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

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Part D: SUPPORTING DOCUMENTATION

As described in Part V: RFP Submission of Proposal Guidance and Evaluation Criteria page 14 - 16

Attach the following documentation:

- Organization Chart
- 501(c)3 Designation (if necessary)
- Job descriptions
- Board of Directors Roster
- Bond & Insurance information
- Emergency Plan
- Client Grievance
- Transition Plan for termination or transfer of services
- Plan for additional and/or decrease in funding