



APPLICATION FOR OLDER AMERICANS ACT FUNDING

Agency: _____

Address: _____

Contact Name: _____

Phone: _____ E-Mail: _____

Agency Type:

Public/Government Private Non-Profit Private For Profit

Program Area:

<input type="checkbox"/> Personal Care	<input type="checkbox"/> Congregate Nutrition	<input type="checkbox"/> LTC Ombudsman
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Transportation	<input type="checkbox"/> Family Caregiver Programs
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Adult Day/Health	<input type="checkbox"/> Info & Assistance	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Health Services	

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_____

PROGRAM DESCRIPTION

As described in Part III-Submission of
proposal pg 11-16



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List the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served, as described in as described in Part III-Submission of proposal pg 11-16

TYPE OF UNITS TO BE PROVIDED	NUMBER OF UNITS	UNDUPLICATED PERSONS
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List at least one measurable objective for each of the following program areas: reaching the target population, staffing and volunteers, coordination with other groups, public information, client input, and obtaining voluntary contributions, as described in as described in Part III-Submission of proposal pg 11-16

Program Area	Objective	How Measured
Target Population		
Staffing & Volunteers		

Coordination

Public Information

Client Input

Voluntary
Contributions



Applicant Agency_____

PROGRAM MANAGEMENT As
described in as described in Part III-
Submission of proposal pg 11-16



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Applicant Agency _____

Attach the following documentation:

Organizational Chart included
501c3 designation included (if necessary)
Job Descriptions included
Board of Directors roster included
Bond & Insurance information included
Documentation of Emergency plan and client's grievance process included
Transition plan for termination or transfer of services included
Plan for additional and/or decreased funding included