



## 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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Personal Care         | <input type="checkbox"/> Congregate Meal                       | <input type="checkbox"/> Title III, LTC Ombudsman         |
| <input type="checkbox"/> Homemaker             | <input type="checkbox"/> Transportation                        | <input type="checkbox"/> Family Caregiver Support Program |
| <input type="checkbox"/> Home Delivered Meals  | <input type="checkbox"/> Legal Services                        | <input type="checkbox"/> Elder Abuse Prevention           |
| <input type="checkbox"/> Adult Day Care/Health | <input type="checkbox"/> Information & Assistance              | <input type="checkbox"/> Title VII, LTC Ombudsman         |
| <input type="checkbox"/> Case Management       | <input type="checkbox"/> Disease Prevention & Health Promotion | <input type="checkbox"/> 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)        | \$ 0 _____ |

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 IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 18 - 21

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

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Part A: PROGRAM DESCRIPTION

As described in Part IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 18 - 21

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

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Part A: PROGRAM DESCRIPTION

As described in Part IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 18 - 21

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

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Part A: PROGRAM DESCRIPTION

As described in Part IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 18 - 21

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 [mysourcewise.com/about/grantees/](http://mysourcewise.com/about/grantees/) 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: \_\_\_\_\_

Part A: 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 the Sourcewise Invitation for Bid & Request for Proposal Procedure, Title III C-2 Home Delivered Meals.

Program Area	Objective	How Measured
Target Population Shared Assignment		
Staffing & Volunteers Shared Assignment		

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

Program Area	Objective	How Measured
Coordination Shared Assignment		
Public Information Shared Assignment		



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

Program Area	Objective	How Measured
Client Input Sole Assignment		
Voluntary Contributions Shared Assignment		

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

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Part B: PROGRAM MANAGEMENT

As described in Part IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 18 - 21

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

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Part B: PROGRAM MANAGEMENT

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

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Part B: PROGRAM MANAGEMENT

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Part D: SUPPORTING DOCUMENTATION

As described in Part IX: RFP Submission of Proposal Guidance and Evaluation Criteria page 18 - 21

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Attach the following documentation:

- Organization Chart
- 501(c)(3) IRS Designation Letter (if applicable)
- Job descriptions
- Board of Directors Roster
- Bond & Insurance information
- Emergency Plan & COVID-19 Procedure
- Client Grievance
- Transition Plan for termination or transfer of services
- Plan for additional and/or decrease in funding