



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: _____

Part A: PROGRAM DESCRIPTION

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

Applicant Agency: _____

Part A: PROGRAM DESCRIPTION

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

Applicant Agency: _____

Part A: PROGRAM DESCRIPTION

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

Applicant Agency: _____

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/ for an inclusive list of program specific requirements.

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: _____

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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Part D: SUPPORTING DOCUMENTATION

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

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