



OLDER AMERICANS ACT (OAA) REQUEST FOR PROPOSAL APPLICATION FISCAL YEAR 2024-2025

Agency: _____

Address: _____

Contact Name: _____

Phone: _____ E-Mail: _____

Agency Type:

Public/Government

Private Non-Profit

Private For Profit

Program Area:

- Title III B Adult Day Care
- Title III B Case Management
- Title III B Legal Services
- Title III B LTC Ombudsman Services
- Title III C Congregate Meals
- LTC Ombudsman
- Title VII A LTC Ombudsman Services

- Title III C Home Delivered Meals
- Title III D Disease Prevention & Health Promotion
- Title III E FCSP Respite In Home
- Title III E FCSP Respite Out of Home
- Title III E FCSP Community Education on Caregiving
- Title III E FCSP Caregiver Training
- Title III E Older Relative Caregiver Case Management
- Title VII Elder Abuse Prevention

Geographic Area to be Served:

Summary of Cost (See Instructions):

- | | | |
|--------------------------------------|--|----------|
| 1. OAA 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: _____



PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM DESCRIPTION

As described in Section IV, Part A

PROGRAM MANAGEMENT
As described in Section IV, Part B

PROGRAM MANAGEMENT
As described in Section IV, Part B

PROGRAM MANAGEMENT
As described in Section IV, Part B

State the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served, as described in Section IV, Part A.

TYPE OF UNITS TO BE PROVIDED	NUMBER OF UNITS	UNDUPLICATED PERSONS (Estimated number of individuals served and number of potential new individuals for the service.)
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State at least one measurable objective and detail methodology of measurement for each of the following program areas: reaching the target population, staffing and volunteers, coordination with other groups, public information, client input, and obtaining client contributions & fund-raising, as described in Section IV, Part A and Part B.

Program Area	Objective	How Measured
Target Population		
Staffing & Volunteers		

Coordination		
Public Information		

Client Input		
Client Contribution		



Applicant Agency _____

Older Americans Act (OAA) Programs

Fiscal Year 2024-2025

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

