

LETTER OF INTENT TO APPLY FOR PROJECT GRANT
Under Title III of the Older Americans Act
Fiscal Year July 1, 2023 through June 30, 2024

Summary Sheet

Applicant Agency: _____ Project Director: _____

Mailing Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

E-Mail: _____ E-Mail: _____

Type of Organization:
____ City ____ County ____ Private Non-Profit ____ Other (specify): _____

Geographic area to be served: _____

List services to be provided:	Estimated # of unduplicated <i>persons</i> to be served during project period for each service type:	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant agrees that the project described in this Letter of Intent will be operational July 1, 2023 through June 30, 2024 and certifies that to the best of my knowledge and belief, the information in this application is true and correct and the attached conditions will be complied with if the grant is awarded.

Type or print person authorized to sign

Signature

Title

Date

Type or print person authorized to sign

Signature

Title

Date

4. Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of criteria for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)

5. If extra funding was available, what would you do to increase services and how would you plan to spend the money?

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

6. Please provide letters of support from other local community-based and/or institutional programs, agencies or organizations involved with older adults.
7. List wage range of all employees funded in full or in part by this contract: \$ _____ to \$ _____.
8. Is this project covered by liability insurance? _____ How much? _____
8. How many years has this project received Title III funds: _____
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2023-2024 as follows (list appropriate estimated resources):

PLEASE FILL IN THE FORM BELOW, YOU MAY SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY.
 (Your expenses should equal your resources)

Expenses:

Personnel and fringe: _____
 Supplies: _____
 Raw food/meals: _____
 Commodities: _____
 Communications: _____
 Utilities: _____
 Repairs/maintenance: _____
 Travel/training: _____
 Building space: _____
 Insurance: _____
 Equipment: _____
 Contracted services: _____
 Audit: _____
 Other: _____
TOTAL: \$ _____

Resources:

Area IV Funds: _____
 Project income: _____
 Other Resources: _____
 Cash in Lieu: _____
 Commodities: _____
 Match: _____
 Other: _____
 Other: _____
TOTAL: \$ _____

Application deadline - The electronic application and 3 copies must be received by Rocky before 4 p.m. Friday, March 17, 2023. Applications received after this deadline date will not be considered for funding.

The contractor presentations will be on Zoom again this year.

The date of the Area IV Board Meeting is May 18, 2023 at 9:00am.