



**COVER PAGE**  
**General Grant Application for Community Services**  
*(Requests in excess of \$6,000)*

Application Type:    Period of Grant:    / / 2010 through    / / 2010

Amount of Request: \$\_\_\_\_\_

Date of Application: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Contributing Organizations:

<b>Name</b>	<b>Address</b>	<b>Contact</b>	<b>Telephone</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certification: This application has been authorized by the appropriate governing body of the applicant agency/organization.**

**Authorized Representative:** \_\_\_\_\_

**Please print or type** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## GENERAL GRANT APPLICANT CHECK LIST

(To be completed and submitted with this application)

Your completed application should contain the following materials. Please carefully review your application before submitting it to the Council for Older Adults. Place a check mark in the appropriate space for each application item being submitted or on file at the Council. Please provide a written explanation for any item not checked. Please submit six copies of this application and appropriate supporting documents.

<b>Application Materials:</b>	Attached	Office Use Only
A. Cover Page	<input type="checkbox"/>	<input type="checkbox"/>
B. Project Summary	<input type="checkbox"/>	<input type="checkbox"/>
C. Project Narrative	<input type="checkbox"/>	<input type="checkbox"/>
Question 1	<input type="checkbox"/>	<input type="checkbox"/>
Question 2	<input type="checkbox"/>	<input type="checkbox"/>
Question 3	<input type="checkbox"/>	<input type="checkbox"/>
Question 4	<input type="checkbox"/>	<input type="checkbox"/>
Question 5	<input type="checkbox"/>	<input type="checkbox"/>
Question 6	<input type="checkbox"/>	<input type="checkbox"/>
D. Project Budget	<input type="checkbox"/>	<input type="checkbox"/>
E. Signed Conditions of Participation	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Supporting Documentation:</b>		
F. Internal Revenue Service letter designating your organization as a qualified not-for-profit organization ( <i>all applicants</i> )	<input type="checkbox"/>	<input type="checkbox"/>
G. Statement of Continuing Existence issued by the Secretary of State due this year ( <i>Due only for new applicants</i> )	<input type="checkbox"/>	<input type="checkbox"/>
H. Current copy of your organizations Code of Regulations or By-laws	<input type="checkbox"/>	<input type="checkbox"/>
I. Previous years' financial information:		
1. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
2. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
3. Audited Financial Statement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
J. Approved budget for current fiscal year	<input type="checkbox"/>	<input type="checkbox"/>
K. Most recent Annual Report	<input type="checkbox"/>	<input type="checkbox"/>
L. Proof of Insurance – Provide Face Sheets from all insurance currently in force	<input type="checkbox"/>	<input type="checkbox"/>
M. A current list of all board members, including the names and addresses of all officers	<input type="checkbox"/>	<input type="checkbox"/>
N. <i>A resolution from applicants' governing body authorizing the submission of this application</i>	<input type="checkbox"/>	<input type="checkbox"/>

## **PROJECT SUMMARY**

In *less than 500 words* please summarize your proposal and make any additional remarks not addressed elsewhere in this proposal.

## PROJECT NARRATIVE

Please answer the following questions and utilize this outline for preparing your proposal. You may type under these headings in your Word Document. Please be concise and specific in your responses. Please limit your responses to the information requested and not more than 2 pages per section using not less than an 11 point font. Only provide back up documentation as requested in each section or question and listed on the General Grant Application Checklist.

### A. Goals and Objectives (Outcomes)

In *outline form*, please describe the *major goals*, which the project expects to accomplish during the year. Outline, as well, the *major activities* associated with each goal. *The goals should be specific, measurable (including a description of the method of measurement to be used), realistic and relevant to the mission of the Council for Older Adults.* Goals are to be consistent with grant requirements (funds are to be used to add, expand, enhance or maintain services to older adults living in Delaware County and/or their caregivers). Also include the projected *number of persons to be served* for each service for which funding is requested.

**B. Impact**

What are the community conditions that the project addresses? How will this program impact the older adults of Delaware County? Does this project impact home bound, active or caregivers of older adults? Are there others who will be impacted by the project? Define the need addressed by the project and how this project specifically addresses that need. Your response should provide a clear rationale for funding.

*For new applicants or programs be sure to address* if and how this grant will enable your organization to provide something to older adults of Delaware County that it is presently unable to provide? If and how it will enable your organization to expand the capacity of the program(s) or service(s) provided to older adults in Delaware County? Be specific in terms of the type and amount of services impacted, as well as the number of individuals

*For existing Grant Recipients requesting continuation of present funding*, what impact would the discontinuance or reduction of funding have on the program(s) or service(s)? Be specific in terms of the type and amount of services impacted, as well as the number of individuals.

**C. Budget Narrative**

Briefly describe the need for or purpose of funding for *each line item in your proposed budget* submitted with this application. Include the source or definition of *all* other funds used to support the programs and services offered by your organization to older adults residing in Delaware County. Please list other funders your organization has or will approach to support this project and their responses to your requests. If no other funding was pursued, please explain. Please describe your organization's capacity or experience in managing grant funds. If this is a request for continuation of funding, indicate the funding provided by the Council in 2009.

**D. Resources (Inputs)**

Please describe in detail those resources that you bring to this venture, and explain how this will add to the value of this program. Include material, facilities and monetary and human resources or capital. Please provide a description of the qualifications and expertise of the staff that you will employ to operate this program. Please describe the relationship that each staff member will have within the context of this project. If you are a new applicant or an existing applicant with new staff, you may attach Job Descriptions or Resumes (*not both*).

**E. Agency Profile**

Provide a brief overview of the history, structure and mission of the organization(s) involved in this application. Please include the expertise, experience and history in managing related projects or services your organization offers which will contribute to or demonstrate the success of the project.

## GRANTEE PROJECT BUDGET

	2009 COA FUNDED	2010 COA FUNDS	2010 OTHER FUNDS	2010 TOTAL FUNDS
<b>PERSONNEL (Specify Positions)</b>				
<b>FRINGE</b>				
<b>TOTAL PERSONNEL</b>				
<b>RENT</b>				
<b>UTILITIES</b>				
<b>SUPPLIES</b>				
<b>PRINTING</b>				
<b>POSTAGE</b>				
<b>OTHER OPERATING (specify)</b>				
<b>TOTAL OPERATING</b>				
<b>EQUIPMENT (ATTACH LIST)</b>				
<b>OTHER EXPENSES (Define)</b>				
<b>TOTAL OTHER EXPENSES</b>				
<b>GRAND TOTAL</b>				

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Council for Older Adults  
Grantee Acceptance of  
Conditions of Participation  
FY 2010**

1. All grants entered into by the Council for Older Adults represent an explicit agreement between all parties to work cooperatively with and supportive of one another toward the successful implementation of the goals of this grant.
2. Grantee commits to coordinate all related activities and services with the Council for Older Adults and to support a community wide coordinated and integrated system of care.
3. Grantee agrees to provide regular **monthly financial and programmatic reports** to the Council on a schedule and in a format prescribed by the Council.
4. Upon grant approval, allocation of grant funds will be based upon a payment schedule approved by the Council. It is understood that, generally, grant funds are provided on a reimbursement basis in a timely manner following the submission and approval of programmatic and financial reports.
5. Each Grantee will maintain all necessary records and information in order to complete financial and programmatic reports as required by the Council. All financial and program performance records will be available for review by authorized representatives of the Council for Older Adults. All programmatic and financial records must be retained by the grantee for a period of at least three years.
6. Grantees receiving \$30,000 or more during any twelve month grant period agree to submit to the Council, an audited financial statement, including a management letter, for the period of the grant. Grantee's financial audit must be performed by an Independent Certified Public Accountant in accordance with current generally accepted accounting practice.
7. Grantee agrees to add the Council for Older Adults as an additional insured to all liability insurance coverage of the grantee and to provide proof of coverage within 90 days of the signing of grantees Notification of Grant Award.
8. Grantee agrees to add the Council for Older Adults' logo and the following statement to all stationary, brochures and advertisements related to the program supported by the grant throughout the duration of the funding period: "*Services funded in part through your local Council for Older Adults.*" Exceptions must be reviewed and approved by the Council for Older Adults.
9. The Council for Older Adults reserves the following rights and privileges:
  - a. to accept, reject or negotiate the modification of any application, proposal or budget submitted;
  - b. to require additional information regarding the participating organization(s), structure, finances, services or project proposed;

Conditions of Participation  
Continued

- c. to increase, decrease, revise or terminate any resulting grant based on any of the following:
  - c.1. failure of grantee to comply with these Conditions of Participation;
  - c.2. failure of grantee to satisfactorily meet the goals of this proposal;
  - c.3. failure of grantee to provide or obtain other funding as represented in the approved grant budget;
  - c.4. failure of grantee to adequately address specific written concerns of the Council in a timely manner;
  - c.5. insufficient resources available to the Council; or,
  - c.6. any other reasonable circumstance that impairs or prevents the performance of services as planned; or which fails to promote a coordinated and effective use of system resources.

10. Any changes in the information provided in the proposal will be provided in writing to the Council within ten days of occurrence and be subject to negotiation regarding the continuation of the grant.

We have reviewed and accept the above Council for Older Adults Conditions of Participation, which will apply to our organization and service or project in the event we are selected as a grantee by the Council for Older Adults.

**Signature of Authorized Person:**

**Title:**

\_\_\_\_\_

\_\_\_\_\_

**Please print or type full name:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

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