



COVER PAGE
Mini Grant Application for Community Services
(Requests of \$6,000 or less)

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:

Name	Address	Contact	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

PROJECT DESCRIPTION

Goals and Impact

In ***outline form***, please describe the ***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). Please define the need and describe the impact that this project will have upon older adults in Delaware County, including the projected *number of persons to be served* for which funding is requested. You may use additional pages if necessary.

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. If this is a request for continuation of funding, indicate the funding provided by the Council in 2009.

GRANTEE PROJECT BUDGET

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

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 quarterly 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 financial and programmatic reports. *Advancement of funds may be approved upon grantees' written request sufficiently documenting the cash flow needs of the grantee.*
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. 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.
7. 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;
 - 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 objectives of this proposal;

Conditions of Participation
Continued

- 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.

- 8. 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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