

Area Agency on Aging of Dane County 2018 Special Project Fund Grant Application

Use this fillable form (**your responses must fit within the specified space**) and email it with letters of support to: aaa@countyofdane.com. Completed applications and letters of support must be received by **Wednesday, 28 February 2018, 4:30 pm**.

Proposal Information

Project Title	
Amount of money requested	
Agency name	
Agency address	
Applicant name	
Applicant phone number	
Applicant email address	
Project Administrator (if different from applicant)	
Communities/neighborhoods/senior centers where project activities will occur.	

This project is: ☐ a new project *or* ☐ an expansion of an existing project.

*Projects are limited to a minimum of \$500 and maximum of \$13,807.
If planning to expand an existing project, attach a **one-page addendum** describing the nature and scope of the current project and how it will be expanded. Collaborations are encouraged.*

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PROPOSAL [50 points—two pages maximum]

Describe the proposal's focus, purpose, and steps that will be taken to meet the purpose.

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QUALIFICATIONS [15 points—one page maximum]

Describe qualifications of the individual to be assigned major responsibility for the project. Include such elements as years of experience working with older adults and specific work skills to be used to complete this proposal.

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Complete the following chart, indicating amount requested from the Special Projects Fund, matching funds from other sources, and the total cost of the project. **[5 points]**

Item	Amount Requested	Matching Funds*	Total Cost
Personnel			
Space Costs			
Supplies			
Transportation			
Equipment Rental			
Other			
TOTAL			

* Cash or in-kind support.

Explain each budget item and why it is necessary for this project. **[5 points]**

Item	Why is this necessary?
Personnel	
Space Costs	
Supplies	
Transportation	
Other	

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AGENCY COMMITMENT [15 points—one page maximum]

After the funding period is completed, what plans have been made to continue efforts or to use purchased equipment?

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ORGANIZATIONAL OPERATIONS [10 points—one page maximum]

Who will have primary responsibility for overseeing successful completion of the proposed project? Specify either the percentage of staff time or number of hours per month to be devoted to this project and the qualifications of that staff member.