



Community Expansion of Nutritional Assistance (CENA)

Grant Application - 2014/2015

I. APPLICANT INFORMATION:

A. Name of Center: _____ County: _____

B. Address: _____ Phone: _____

_____ Fax: _____

C. Applicant's Contact Person:

Name: _____ Position with Center: _____

Address: _____ Phone: _____

_____ Fax: _____

E-mail: _____

II. PROJECT INFORMATION:

A. 1. Do you want \$1,000 for non-personnel operating expenses? Yes No

2. This is a reimbursement program. Will you be depending on the city or town to provide the funds for this project prior to being reimbursed? Yes No

3. Does the center have sufficient reserves or can the center make arrangements to pay for proposed projects prior to being reimbursed by INCOG (up to 30 days)? Yes No

4. Total Grant Request Amount (including operating) \$ _____

B Describe in detail what your center intends to utilize the grant funds for: _____

C. How will this project benefit the seniors who utilize the center? _____

D. What days of the week is the center typically open? _____

E. How many non-Title III meals are served per week? _____

F. How many seniors (60+) on average utilize the center each week: _____

H. Who is the legal owner of the structure and property where the center is located?

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I. Project Budget: Use form on page 5 of the application; Prioritize each item by category;

III. LOCAL EFFORT – This includes matching funds, volunteer labor, or donated materials for a project. Below please identify the type of local effort and the dollar value. Volunteer labor should be listed with the estimated number of hours to be contributed. Donated materials should be listed with the estimated value of the items.

Source	Amount
Cash/grant dollars (other than CENA \$)	_____
Volunteer labor (number of hours)	_____
Donated materials (actual or estimated value)	_____
CENA Request	_____

Signature of Authorized Official: _____

Printed Name of Authorized Official: _____

Contact Phone Number: _____

Date: _____

(Attach minutes of Board meeting authorizing application)

Application Checklist

_____ Application

_____ Budget Justification

_____ Board of Directors

_____ By-laws are included

_____ Meeting minutes included

_____ W-9

FY 2015 Community Expansion of Nutrition Assistance
(CENA)

Resource Allocation Committee
Funding Priorities

- 1. Increasing Accessibility to Centers** - Some senior centers are located in buildings that do not have ramps, railings, accessible bathrooms, or easily operated doors. All these things help people who may have physical limitations more easily take part in senior center activities. If your center was recently assessed and deficiencies were found, these funds may be used to bring your center into compliance. If you want to assess your facilities' American's Disability Act (ADA) compliance, please contact INCOG AAA for assistance.
- 2. Weatherization** - Many community centers struggle with paying utility bills. An emphasis will be placed on projects that will increase the energy efficiency of their centers through measures like adding insulation and/or new and efficient windows.
- 3. Building Improvements** - Include reasonable estimates. Keep in mind your project needs to be completed by May 1, 2015 at the latest.
- 4. Service Equipment** - Items that are to be used on a long term basis such as kitchen equipment, tables/chairs; other furniture.
- 5. Raw Food Costs** – This category applies to **non-Title III** sites only. Non-Title III senior centers that cook and serve meals are allowed to apply for reimbursement for raw food and incidental items related to those meals.
- 6. Entertainment/Exercise Equipment** – video equipment/games; pool tables; exercise equipment.

INCOG AREA AGENCY ON AGING

BUDGET JUSTIFICATION

SFY 2015

Please attach any cost estimates in support of the proposed budget

NOTE: Use as many copies of this form as needed to complete the budget justification. The INCOG Area Agency on Aging reserves the right to request additional information related to the budget if necessary. List by category and priority order items to be purchased and cost of each item.

Name of Senior Center

List by category and by priority order (see list below)	<u>AMOUNT OF FUNDING REQUESTED</u>
Operating Funds	\$1,000.00
	\$ _____

Budget Categories: 1. Accessibility 2. Weatherization 3. Building Improvements 4. Service Equipment
 5. Raw Food Costs 6. Entertainment/Exercise Equipment

SENIOR CENTER BOARD OF DIRECTORS 2014-2015

Site Name: _____

President:

Name: _____

Email: _____

Address: _____

Telephone: _____

Vice-President:

Name: _____

Email: _____

Address: _____

Telephone: _____

Secretary:

Name: _____

Email: _____

Address: _____

Telephone: _____

Treasurer:

Name: _____

Email: _____

Address: _____

Telephone: _____