

**South Alabama Regional Planning Commission  
 Area Agency on Aging  
 Application for Title III Funding  
 Fiscal Year 2017  
 October 1, 2016 to September 30, 2017**

<b>Agency/Contractor Name</b>	
<b>Street Address</b>	
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Contact Person</b>	
<b>Telephone</b>	
<b>Email Address</b>	

**Please provide the following information in a narrative form:**

- 1. Describe your agency and administrative capacity.**

- 2. Is your agency a minority organization\*?**

Yes	
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No	
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\*(1) Private, non-profit with at least 50.1% minority staff, or (2) private, for profit that must have at least 50.1% of their stock owned by minorities; or in a partnership with at least 50% controlled by a minority individual.

**3. Describe the services you propose to provide under this contract and how these services address priority needs and target populations of Title III of the Older Americans Act.**

Priority Title III services include nutrition, senior centers, recreation, health promotion, transportation, outreach, information and assistance, caregiver support and respite, in-home services, and legal assistance.

Title III services are restricted to persons age 60 and older or their caregivers. Title III Services are targeted to individuals with greatest economic and social need. This includes low-income individuals, particularly low income minority individuals; older individuals living in rural areas, older individuals with limited English proficiency, and older individuals at risk of institutionalization, particularly those with severe disabilities and those with Alzheimer's Disease and related disorders and their family caregivers.



- 4. Estimate the number of older persons to be served.** Provide estimated numbers of targeted populations listed in #2 above that you plan to serve. Describe how you plan to comply with the targeting requirement.

- 5. Describe your agency's experience in proposed service area, how you will deliver quality services, and the degree of partnerships and pooling of resources and services utilized to deliver the proposed service.**

6. **Give a narrative description of what federal funds are being requested, how these funds will be used, and provide a justification if you are requesting increased funding.** Describe the in-kind and non-Federal cash match being provided. A detailed explanation of in-kind services **MUST** be provided. Discuss the cost of services, and unit cost if available. Provide a detailed explanation for every item of proposed expenditure listed in your TOTAL column on the attached Budget Summary Sheet. This section can include a description of needs that are not being met because of budget or staff restrictions.

7. Complete budget form below.

Category	Title III Funds	<u>Local Resources</u>		Total
		Local Cash	In-Kind	
Personnel *				
Personnel Travel				
Space				
Utilities				
Postage & Telephone				
Supplies				
Training				
Transportation				
Insurance				
Office Furniture & Other Equipment				
Other Costs **				
<b>TOTAL</b>				

**\*Breakdown of personnel costs**

Job Description	Title III Funds	<u>Local Resources</u>		Total
		Local Cash	In-Kind	
<b>TOTAL (must equal personal total above)</b>				

**\*\*Breakdown of Other Costs**

Description	Title III Funds	<u>Local Resources</u>		Total
		Local Cash	In-Kind	
<b>TOTAL (must equal personal total above)</b>				

**Applications must be submitted no later than June 1, 2016.**

If you plan on submitting this form via email, please name it using your organization's name. Email applications should be submitted to: [rthompson@sarpc.org](mailto:rthompson@sarpc.org)

Mailed applications must be submitted to Julie McGee, Director, Area Agency on Aging at the following address:

South Alabama Regional Planning Commission  
ATTN: Ms. Julie McGee, Director  
Area Agency on Aging  
P.O. Box 1665  
Mobile, AL 36633

Please feel free to call Rita Thompson, Grants Manager, at (251) 433-6541 with any questions, concerns, to request technical assistance or if you would like copies of the form mailed to you.