

**Senior Citizens Services, Inc.**  
**(727) 442-8104**  
**www.SeniorCitizenServices.org**  
**P. O. Box 1229, Clearwater, Florida 33757-1229**  
**APPLICATION FOR FUNDING**

*NOTE: Your hard copy application must be postmarked by the due date and submitted electronically by the due date to: Sheila@SeniorCitizenServices.org*

Date of Application:

Applicant Organization Name:

Website Address:

Head of Agency:

Mailing Address:

Telephone Number:

Fax Number:

Email:

Contact Person and Title (if not Head of Agency)

Telephone Number:

Fax Number:

Email:

*All applicants must be either a 501(c)(3) or a government entity.*

Is your organization classified under the 501 (c)(3) Subsection of the Internal Revenue Code OR is your organization a government entity?      Yes      No

If a 501(c)(3), attach your IRS determination letter or your Florida Department of Revenue Consumer's Certificate of Exemption.

Non-Profit Organization:

Attach list of current Board Members and affiliations and  
Attach most recent Audit Opinion and Management Letter

Governmental Entity:

Attach list of Executive Staff and titles  
Attach most recent Audit Opinion and Management Letter

Mission Statement:

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Grant Requirement: ONLY persons age 55 and older are to be served with Senior Citizens Services (SCS) funding.

Will all grant funds be used exclusively for persons age 55 and older? Yes No

Will fees be charged for the funded project? Yes No

If yes, please explain:

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*Note: SCS must be identified as the source of project funding in project promotions. You will be expected to report on this item in your 6-month and 12-month reports. Check the ways your organization will promote the grant funded project including identification of Senior Citizens Services as the funding source:*

Media Relations Newsletter Annual Event Website Flyers  
Speaking Engagements Social Media Other \_\_\_\_\_

Project Title: \_\_\_\_\_

Total Project Budget: \$\_\_\_\_\_

Grant Request: \$\_\_\_\_\_

\_\_\_\_\_ % Operating Support      \_\_\_\_\_ % Program Support

Is this a new project or the expansion of a current project?   New                      Expansion

Anticipated start and end date for the funded project (Note: Funding is for 12 months from the date you receive your award check): Start \_\_\_\_\_ End \_\_\_\_\_

Has your organization been awarded an SCS grant within the past twelve months?

Yes                      No

If Yes, under which SCS Focus Area(s)?

Wellness      Housing      Social Activities      Other Senior Services

Note: Due to limited funding and SCS priorities, the full proposal may not be funded. Would reduced funding have a significant impact on the proposed project?

Yes                      No

If yes, please explain.

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How did you learn about the SCS Grant Funding Program?

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Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **PROJECT NARRATIVE**

Provide a detailed narrative of the project to be funded (maximum of 3 single-spaced pages) addressing the following sections.

### **Section I Introduction to/Background of Organization**

(Write about your organization, when it was founded, its purpose, major achievements relevant to your grant request, population(s) you serve, etc.)

### **Section II Proposed Project**

(Tell us directly and simply in a few sentences about the purpose of your grant request, i.e., what you plan to do with the grant funds.)

### **Section III Problem/Need Statement**

(Write about the problem and what is needed to address it.)

### **Section IV Project Design/Plan of Action**

(Write about the steps you will take to implement the project. How will you proceed if grant funds are awarded?)

### **Section V Goals and Objectives**

(Goals: Tell us where you envision your organization and the target population being at the end of the grant period. Objectives: are the steps you will take to achieve the goals.) Provide at least one goal and two objectives.) Here's an example of a goal and objective:

**Goal: Decrease the degree of malnutrition among Pinellas County seniors age 55 and older.**

**Objective: By the end of the grant period, provide 125 senior caregivers in Pinellas County with a 2-hour training program that will provide health and nutrition information. (notice how this objective is specific, measurable, attainable, realistic and time-bound).**

## **Section VI Project Evaluation**

(Write about how you will demonstrate that your objectives were achieved.)  
Here's an example of a way to evaluate the sample objective above:

**Instructors will track the number of senior caregivers who receive the training, when they received it, and where.**

## **Section VII Project Dissemination**

(Refer back to the ways you checked that your organization will promote the grant funded project including identification of Senior Citizens Services as the funding source and write about the specifics of what and how you will do this.)

## PROJECT BUDGET

Provide a Budget Summary and Detailed Budget Narrative for Proposed Project. *There are no page requirements for this section.*

### Budget Summary

<b>Category</b>	<b>Total Project Cost</b>	<b>SCS Portion Requested</b>
Salaries		
Fringe Benefits		
Contractual		
Travel		
Equipment		
Supplies		
Other		
<b>Total</b>		

## **Budget Detail Narrative**

Develop your budget narrative from your Project Design and Goals and Objectives Sections. This will ensure that the categories in the budget already have been discussed and align with the project's activities. If you are not requesting funds in a particular category, write "N/A."

### **Salaries**

(Include any project staff that will be paid a percentage of time from SCS funds.)

### **Fringe Benefits**

(Includes such items as FICA, medical, dental, life insurance, etc.)

### **Contractual**

(Include funds to hire someone for the project who is not a member of the agency's staff.)

### **Travel**

(Include, for example, if you plan to reimburse project staff for local travel and/or to send for out of town training/conference.)

### **Equipment**

(This is the category requesting to purchase a major piece of equipment such as a computer or copy machine.)

### **Supplies**

(Includes expendable items, including office supplies necessary for day to day project activities.)

### **Other**

(Includes miscellaneous items that do not fit into any other category such as, but not limited to, costs for printing, duplication of project-related materials.)