

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

Organization Mission Statement:

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

Number of unduplicated persons age 55 and older that SCS funding will serve: _____

Number of unduplicated persons age 55 and older who live in Pinellas County: _____

Will fees be charged for the funded project? Yes No

If yes, please explain:

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 Newsletters 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 a reduction in funding have a significant impact on the proposed project?

- Yes No

If yes, please explain.

How did you learn about the SCS Grant Funding Program?

PROJECT NARRATIVE

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

Note: You may find it helpful to read the Reviewers' Score Sheet located on the SCS website.

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: What is the problem? Why is it a problem? What population is affected by the problem? What information/data support your problem identification? What is needed to reduce or eliminate the problem?)

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?) Who will do it? What will be done? When will it be done?

Section V Goals and Objectives

(Goals are broad. Tell us where you envision your organization and the Target population being at the end of the grant period. Provide at least one goal.)

Objectives are specific and are measurable. Provide at least 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. What type of information and/or metric will you track during the project's implementation that support that what you achieved is what you intended?)

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.*

Note: Do not request indirect or administrative costs.

Budget Summary

Category	Total Project Cost	SCS Portion Requested
Salaries		
Fringe Benefits		
Contractual		
Travel		
Equipment		
Supplies		
Other		
Total		

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.) What will they do, how many hours will they work on the project. Show your calculations.

Fringe Benefits

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

Contractual

(Include funds to hire someone for the project who is not a member of the agency's staff.) Name of person/company if known. What will they do? Calculations for reimbursement.

Travel

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

Equipment

(This is the category requesting to purchase a major piece of equipment such as a computer or copy machine.) Must be used solely for the project.

Supplies

(Includes expendable items, including office supplies necessary for day to day project activities.) What specific items, how many, unit and extended cost?

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.)