

LETTER OF INTENT TO APPLY FOR CONTRACT

Under Title III of the Older Americans Act
Fiscal Year July 1, 2025 through June 30, 2026

Summary Sheet

Applicant Agency: _____ Project Director: _____

Mailing Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

E-Mail: _____ E-Mail: _____

Type of Organization:

_____ City _____ County _____ Private Non-Profit _____ Other (specify): _____

Geographic area to be served: _____

List services to be provided:	Estimated # of unduplicated <i>persons</i> to be served during project period for each service type:	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant agrees that the project described in this Letter of Intent will be operational July 1, 2025 through June 30, 2026 and certifies that to the best of my knowledge and belief, the information in this application is true and correct and the attached conditions will be complied with if the contract is awarded.

Type or print person authorized to sign

Signature

Title

Date

Type or print person authorized to sign

Signature

Title

Date

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Project Description Sheet

(Please fill out a ***Project Description Sheet*** for each service provided. Attach additional pages if necessary to complete the following questions.)

1. Service or Project name:
2. Provide a description of how your program will spend the Title III funding.
3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

4. Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of criteria for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)
5. If extra funding was available, what would you do to increase services and how would you plan to spend the money?

6. Please provide letters of support from other local community-based and/or institutional programs, agencies or organizations involved with older adults.
7. List wage range of all employees funded in full or in part by this contract: \$ _____ to \$ _____.
8. Is this project covered by liability insurance? _____ How much? _____
8. How many years has this project received Title III funds: _____
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2025-2026 as follows (list appropriate estimated resources):

PLEASE FILL IN THE FORM BELOW, YOU MAY SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY.
(Your expenses should equal your resources)

Expenses:

Resources:

Personnel and fringe: _____

Supplies: _____

Raw food/meals: _____

Commodities: _____

Communications: _____

Utilities: _____

Repairs/maintenance: _____

Travel/training: _____

Building space: _____

Insurance: _____

Equipment: _____

Contracted services: _____

Audit: _____

Other: _____

TOTAL: \$ _____

Area IV Funds: _____

Project income: _____

Other Resources: _____

Cash in Lieu: _____

Commodities: _____

Match: _____

Other: _____

Other: _____

TOTAL: \$ _____

Application deadline - The electronic application and 2 copies must be received by Rocky before 4 p.m. Friday, March 28, 2025. Applications received after this deadline date will not be considered for funding.

The contractor presentations will be on Zoom again this year.

The date of the Area IV Board Meeting is May 15, 2025 at 9:00am.