

LETTER OF INTENT TO APPLY FOR CONTRACT

Under Title III of the Older Americans Act  
Fiscal Year July 1, 2026 through June 30, 2027

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, 2026 through June 30, 2027 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



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?

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

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 2026-2027 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:**

Personnel and fringe: \_\_\_\_\_  
 Supplies: \_\_\_\_\_  
 Raw food/meals: \_\_\_\_\_  
 Commodities: \_\_\_\_\_  
 Communications: \_\_\_\_\_  
 Utilities: \_\_\_\_\_  
 Repairs/maintenance: \_\_\_\_\_  
 Travel/training: \_\_\_\_\_  
 Building space: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Equipment: \_\_\_\_\_  
 Contracted services: \_\_\_\_\_  
 Audit: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

**Resources:**

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 27, 2026. 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 21, 2026 at 9:00am.**