



Meagher County Senior Center White Sulphur Springs, Montana

Population of Meagher Co
2,065
34.1% of Meagher Co.
Is over 65
15.2% is in poverty

TRIVIA

LUNCHES SERVED

Lunches Served:

Congregate - 4774

Home Deliver ed - 2954

Cost per Meal- \$26.24

Cost of food/Meal-\$3.97

Highest Wage \$25

Utilities/Month Avg. -
\$805.25

Ave Meal Donation- \$4.98

Use of Building Income
\$8,005.2

Volunteer Hours -2,480 hr

Beth Hunt, Director
406-547-3651
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The Meagher County Senior Center relies on a strong network of local partners who help us connect seniors with the right resources at the right time. We work closely with the Meagher County Public Health Department, Mountainview Medical Center, the Sheriff's Office, and local EMS to coordinate wellness checks, safety outreach, and referrals for medical or social support.

Local businesses such as Town Pump and organizations like the Red Ants Pants Foundation, Thrivent Financial and The Camas Fund strengthen our capacity through program support and shared community initiatives. These partnerships allow us to extend our reach far beyond our building, creating a coordinated system of care that keeps Meagher County seniors safe, connected, and supported.

Our mission at the Senior Center is to enhance the quality of life for our senior community by promoting independence, providing social opportunities, and fostering a sense of belonging. With our kitchen remodel, we aim to create a more welcoming and functional space that encourages healthy eating, social interaction, and community-building activities. The new kitchen will allow us to offer better meal services, cooking classes, and nutrition programs, ultimately supporting the well-being and engagement of our seniors.



Castle Mountain Apartments
All Units Are Occupied
With A Waiting List

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.