****** Livingston County Consortium on Aging

Grant Application 2023

**To Livingston County Organizations Positively Impacting the Aging Population,**

You are receiving an invitation from the Livingston County Consortium on Aging to apply for the fall 2023 Grant Cycle. The Livingston County Consortium on Aging was established for collaboration, advocacy and communication between agencies and persons concerned with the provision of services to all older adults in our community. Through our efforts in the community providing two long standing events, The Annual Caregiver Fair and The Livingston County Senior Celebrations, we provide grants to local non-profit agencies that serve our Livingston County Seniors. In the past few years, LCCOA has been able to give thousands of dollars to organizations who used the gift to provide programs, services, and equipment to aging adults in Livingston County. We know that there are many unmet needs and priorities in the county and feel fortunate to be able to provide a small gift that will positively impact one or more areas of the community through:

● Active Aging (geriatric services, health and fitness opportunities)

● Aging in Place (safe, affordable housing, either in their own(ed) home or communal)

● Community Engaging Seniors (keeping them involved, and regarded as valued)

● Community Infrastructure (gathering spots, transportation, health care, food)

You may be as creative as you wish in interpreting how you will use this up to $1000 gift to influence the need of your organization. The evaluative committee is comprised of anonymous consortium members who donate their time and take this project seriously, with the singular goal of benefiting Livingston County seniors.

Applications will be accepted both virtually, through our website, as well as physically by submitting a document to our UPS box. Also included in this packet are the criteria that the Evaluative Committee will use to assist in the awarding process.

Please note that the deadline for submission is November 17, 2023 at 5pm - Submissions must either be in hand at the **4337 Grand River UPS box 142, Howell, MI 48843** or submitted virtually on or before November 17st at 5pm.

It is the LCCOA’s ultimate goal to award as many grants as possible, potentially rewarding a mix of full and partial grant requests that is to the discretion of the evaluation committee. The LCCOA thanks you for your efforts on behalf of county seniors and hopes to be hearing from you. Please feel free to contact me if you have any questions.

Sincerely,

Marie Verheyen

Grant Chair (248) 209-2671

Livingston County Consortium on Aging

Note: If applicable, applications for grants from previous successful recipients will not be accepted unless a final report has been filed from your last grant.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Status- Are you a 501 (c) 3? If so, please provide your number. If not, please indicate the type of your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Website/Facebook Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary contact person name phone number and email in case of loss of initial contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of board chair (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended start date of program/project/install of equipment or will this be an ongoing project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this to enhance a program/project/service already in place or is this a new endeavor?

If you are not granted these funds, will this project start/continue/end?

What will success of this request look like?

Grant amount request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of seniors that will be positively affected by this request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe how your organization receiving this grant will positively impact one or all of the following requirements: Active Aging, Aging in Place, Community Engagement of Seniors or Community Infrastructure:

Describe the request and how it specifically relates to the unmet needs and anticipated impact of Livingston county seniors:

I understand that if awarded this gift, a member of the consortium board will be in contact regarding the status of the gift, halfway through the predetermined grant cycle and I will be expected to produce evidence of the positive impact that this gift is having on the intended parties.

* Yes, I understand.

I understand that a status or completion report of any previous grants must be supplied and completed and approved by the consortium board before an application for an additional grant will be accepted.

* Yes, I understand.

I understand that if circumstances of the organization change and your organization wish to redirect the grant funding, a written intent and justification must be submitted to the LCCOA grant officer before the reallocation of funds. Redirecting and reallocating the funds without prior knowledge and approval of the consortium may jeopardize future funding.

* Yes, I understand.

Printed Name of Applicant: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your 2023 Fall Grant Application.