

**Alpena County Older Persons Committee  
Funding Application**

This application must be submitted in writing to the Alpena County Board of Commissioners office, 720 West Chisholm, Suite 7, Alpena MI 49707. Electronic copies of this application can be downloaded from the county website at [www.alpenacounty.org](http://www.alpenacounty.org). In order to be eligible for funding:

- Your organization must provide benefits to seniors aged 60 and above living within Alpena County.
- Your organization must be recognized as a non-profit charitable organization under section 501 (c)(3) of the Internal Revenue Service code. (Schools and government agencies are also eligible. Funding to religious organizations will be considered only if they serve the general public and do not have religious overtones of a sectarian nature.) Proof of non-profit status is required for auditing purposes.
- No funding will be made to individuals.
- Your organization must abide by the County of Alpena's accountability standards for nonprofit organizations.

If submitting the application by hardcopy please type or print legibly in **black ink**. Submit **twelve (12) copies** of this form along with proof of non-profit status. The deadline is June first.

You may be asked to present your proposal to the Committee, of which you will be contacted with meeting information.

Name of Requesting Agency:	Amount Requested: \$
Mailing Address:	
Phone:	Fax:
E-mail:	Website:
Name and Title of Executive Director or Chief Volunteer:	
Organization's Mission Statement:	
Description of service(s) provided and projected number of units for each service::	

Community need addressed by this program/project. How did you determine that this need exists? Please cite statistics, if possible.

How will this program/project address this need? Who will benefit? How many do you expect will be served?

List other agencies that will work with you on this project.

Anticipated program/project start date:

Anticipated program/project end date:

What measurable changes do you expect program participants to achieve during the upcoming 12 months as a result of your intervention?

How will you measure and verify these changes?

<p>How many clients did your agency serve in Alpena County during the most recent 12 months for which you have supporting data?</p> <p>What percent of those served were aged 60+?</p>	<p>How many program participants do you expect to serve in the next 12 months?</p> <p>What percent of participants do you expect to be aged 60+?</p>
<p>Funding is not intended for ongoing funding. How will you replace this funding in subsequent years?</p>	
<p>Is your agency monitored or reviewed by a licensing, accrediting or reviewing agency?</p> <p>Yes            No</p>	<p>If yes, please provide the name of the reviewing agency and date of last review.</p>

# Program Budget

Funding Usage Information
Activity or Event/Frequency
Capitol
Startup/Operational

Revenue	BUDGET AMOUNT
Federal	
State	
Program Income	
Cash Match (Please indicate source in budget narrative)	
Inkind Match (Please indicate source in budget narrative)	
Other (Please indicate source in budget narrative)	
<b>TOTAL REVENUE</b>	
Expenses	
Salaries	
Employee Benefits	
Supplies	
Communications (telephone, postage, fax)	
Occupancy	
Printing and Publication	
Travel	
Other	
<b>TOTAL EXPENSES</b>	

**Round all figures to the nearest dollar.**

Budget narrative: (please briefly describe income and expenses for each line item in budget)

Form Completed By:		
Name	Title	Signature