

LETTER OF INTENT **FY 2027**

Title III Older Americans Act Funding

Refer to the Full Request for Proposal for grant information and requirements.



OF SOUTH CENTRAL CONNECTICUT

Agency Information

Name of Agency: _____

Title of Project or Program: _____

Address: _____

Contact Person & Title: _____

Telephone: _____ FAX: _____

E-Mail Address: _____

Letter of Intent Qualifications

Have you been incorporated in Connecticut for at least two (2) years prior to applying?

Yes No

Do you have a Board of Directors?

Yes No

Are you a 501(c)3 organization?

Yes No

Are you a municipal organization?

Yes No

Have you documented the need for the program?

Yes No

Have you provided a summary description of the program?

Yes No

Which Title III Funding Source you are applying:

Title III-B

Title III-D

Title III-E (Grandparents Category)

Towns to be served:

Ansonia

Bethany

Branford

Derby

East Haven

Guilford

Hamden

Madison

Meriden

Milford

New Haven

North Branford

North Haven

Orange

Oxford

Seymour

Shelton

Wallingford

West Haven

Woodbridge

Narrative

In one paragraph describe the need for this service, the populations you intend to serve and explain your strategies for reaching these populations. (You will have opportunity to amplify your response if invited to apply for the grant.)

Please provide the projected cost for this project. _____
A full budget is not required at this stage. A statement of the total request is sufficient.

Submitting Your LOI

This letter of intent is non-binding and must be received at AOASCC by: **January 23, 2026 no later than 4:00 pm.**

Date LOI Submitted: _____

The AOASCC Allocations Committee will review all Letters of Intent” and, based on identified community needs and qualifications set forth above, will decide which agencies will be invited to submit a full application and continue with the AOASCC’s competitive funding process.

Send Letter of Intent to: Maria Buontempo Grants Manager, Mbuontempo@aoascc.org.