

LETTER OF INTENT FOR FY'2021 FOR NEWAPPLICANTS

Name of Agency:		
Title of Project or Program:		
Address:		
City:	State:	Zip:
Contact Person		
Name:		Title:
Telephone:		FAX:
E-Mail:		
 applicant agency must for at least two (2) years The applicant must me Proposals (RFP). The AOASCC Allocation based on the criteria se 	for consideration in to provide verification of sprior to applying. Seet other pertinent rest committee will review to forth above, decide	the AOASCC funding review process, the f having been incorporated in Connecticut eview criteria as stated in this Request for ew all "New Applicant Letters of Intent" and e which agencies will be invited to submit a CC's competitive funding process.
Applying for Funding Source:	:	
☐ Title III-B	☐ Title III-D	☐ Title III-E

Agency on Aging of South Central Connecticut

117 Washington Avenue, Suite 17
North Haven, CT 06473
203-785-8533 • 203-785-8873
ww.aoascc.org

1.	Summary of proposed service including towns to be served.
2.	Document the need for this service, the populations you intend to serve and explain your strategies for reaching these populations.
3.	Summarize the projected costs/expenses for this project.
RE	QUIRED SUPPLEMENTAL DATA:
1. 2.	A list of the organization's current Board of Directors with terms and professional affiliations. A copy of the organization's latest certified audit or, as applicable, financial statement. A copy of the organization's exemption status under section 501(c)3 of the Internative Revenue Service Code.
Ná	andatory Technical Assistance Session ame(s) and title(s) of staff who will attend (it is suggested that persons completing data entr rms and monthly financial invoices attend):
Na	ame: Title:
Na	ame: Title:
Na	ame: Title:
Th	is letter of intent is non-binding and must be received at AOASCC by 4:00pm on

This letter of intent is non-binding and must be received at AOASCC by <u>4:00pm on January 31, 2020</u>. Please address the letter of intent to Susan Hamilton or email to shamilton@aoascc.org.

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