



LETTER OF INTENT FOR FY'2021
FOR RENEWAL APPLICANTS

Name of Agency: _____

Title of Project or Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person

Name: _____ Title: _____

Telephone: _____ FAX: _____

E-Mail: _____

Applying for Funding Source:

☐ Title III-B

☐ Title III-D

☐ Title III-E

Mandatory Technical Assistance Session

Name(s) and title(s) of staff who will attend (*it is suggested that persons completing data entry forms and monthly financial invoices attend*):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

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

Agency on Aging of South Central Connecticut
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