

**LETTER OF INTENT**

**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 6, 2023.

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.

A mandatory technical training will be held on February , 2023 for applicants invited to submit a full proposal. Please provide the name and email/phone # for those individuals you would like to attend the training.

---

---

---

---

**Send Letter of Intent to: Sue Hamilton, Grants Liaison, [shamilton@aoascc.org](mailto:shamilton@aoascc.org).**