



Agency on Aging

OF SOUTH CENTRAL CONNECTICUT

Your Advocate for Independence®

Senior Center Grant Application

Application Date: _____

Name of Organization: _____

Address: _____

Senior Center Director: _____

Telephone: _____

Project Information

Name of Project: _____

Please provide a summary of your request (limit response to one paragraph)

Budget Information:

Total amount requested: _____

Budget sheet completed:

Organization Information:

Send Check to:

Name & Title: _____

Address: _____

Telephone: _____ E-Mail: _____

TERMS AND CONDITIONS: It is understood and agreed by the undersigned that 1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of the Area Agency. The State Aging Unit and the Administration on Aging U.S. Department of Health and Human Services; 2) any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon Notification of Approval by the Area Agency shall be deemed incorporated into and become a part of this agreement; 3) the attached Assurance of Compliance with the DHHS Regulation issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this proposal as approved; 4) the attached Public Act 91-407 Sec. 8 and Public Act 91-58 Sec. 16 (b) and 5) funds awarded by the Area Agency may be terminated at any time for violations of any terms and conditions and requirements of this agreement; 6) the cash and in kind items listed on the Non-Title III Resource summary (p.7) do not come from federal funds (only General Revenue Sharing, Community Development Block Grant and Legal Services Corporation funds are allowable match) and they are not used to match any other federal grant. Client contributions cannot be used for federal matching funds.

Signature: _____

Printed Name and Title: _____

Date: _____