**Agency on Aging of South Central CT MINI GRANT Application**

Date of Application Click here to enter a date. Project Title: Click here to enter text

Please provide a brief description of your request (limit response to 1-2 sentences).Click here to enter text.

Total amount requested: Click here to enter text.

Please provide a description of your project which includes activities and timeline. Please indicate the goals of the project and what population will the project target: Click here to enter text.

Please select towns in which event/project will take place:

Ansonia  Bethany Branford Derby  East Haven

Guilford Hamden  Madison Meriden  Milford

New Haven  North Haven North Branford  Orange

Oxford  Seymour  Shelton Wallingford

West Haven Woodbridge

Applicant Agency: Click here to enter text.

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. CT Zip:Click here to enter text.

Telephone:Click here to enter text. Fax:Click here to enter text.

Project Director

Name & Title: Click here to enter text. E-mail: Click here to enter text.

Person preparing final report (after project is completed)

Name & Title: Click here to enter text. E-mail:Click here to enter text.

Send Checks to:

Name & Title:Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text. Fax:Click here to enter text.E-Mail: Click here to enter text.

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.