Please include the following information when submitting the attached application for the Clinton County Senior Services Grant. All completed documents should be submitted to: [**Provider\_Services@help4seniors.org**](mailto:Provider_Services@help4seniors.org).

**Explain the proposed purchase or project:**

* Provide a brief explanation of your agency's experience and commitment to the aging population.
* Why is the project or request needed?
* How will the project or request benefit Clinton County residents 60+?
* How will this project or request help to grow your services to Clinton County Residents 60+?
* Provide the estimated number of Clinton County residents 60+ who will benefit from this project or request.
* Explain how this project or request benefits those not currently engaged in service due to access barriers.?
* How long has this need gone unaddressed?

Proposed project budget breakdown

* Provide as much detail as possible, as insufficient details may be reason to deny the request.
  + Provide an explanation of what other funding options have been explored.
  + Provide an explanation of how much funding your agency can contribute to the overall project expense.
    - If your agency cannot contribute to the overall project expenditures, provide an explanation as to why not.
* Attach a minimum of two quotes to the application for any purchased equipment or services.

**Budget narrative:**

* Provide a breakdown of expenses.

**Service Quotes:**

* Attach two service quotes for requested use of funds.

**Owner approval letter (if applicable)**

* If senior center operates in a community building not owned by the senior center, attach owner approval letter to seek grant funding for specified project.

***Applications are due by May 23, 2025***

Please direct any questions or concerns to [**Provider\_Services@help4seniors.org**](mailto:Provider_Services@help4seniors.org)

**Clinton County Senior Services Grant Application:**

|  |  |
| --- | --- |
| **Non-Profit Agency Name** |  |
| **Address:** |  |
| **Contract Person:** |  |
| **Contract Email:** |  |
| **Contact Phone Number:** |  |
| **Explain the Proposed Purchase or Project:** |  |
| **Proposed Budget Breakdown and Narrative:** |  |
| **What other funding options have been explored?** |  |
| **Provide an explanation of how much funding your agency can contribute to the overall project expense.**  **If your agency cannot contribute to the overall project expenditures, provide an explanation as to why not.** |  |

\*Attach two service quotes for requested use of funds.