APPLICATION – SENIOR CENTERS - EVIDENCE BASED PROGRAMS

PLEASE RESPOND TO THE FOLLOWING:

NAME OF SENIOR CENTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SENIOR CENTER DIRECTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF SC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WESBITE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SC HOURS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRIEF DESCRIPTION OF CURRENTLY OFFERED EVIDENCE BASED PROGRAMS AT PROPOSED SITE(S) (IF ANY)

WHAT EVIDENCE BASED PROGRAM(S) ARE YOU PROPOSING?

PLEASE DESCRIBE YOUR PROPOSAL.

WHAT ARE THE PROPOSED SITES FOR THIS PROJECT? ARE THEY HANDICAP ACCESSIBLE?

WHO ARE YOUR PARTNERS AND WHAT IS THEIR INVOLVEMENT/COMMITMENT?

IS ANYTHING BEING CONTRIBUTED TO THIS PROJECT BY YOUR TOWN AND/OR PARTNERS? IF YES, WHAT?

WHAT IS YOUR MARKETING/OUTREACH PLAN TO NOTIFY SENIORS IN YOUR TARGET SERVICE AREA OF YOUR PROPOSED PROGRAM?

HOW MANY SENIORS ARE YOU HOPING TO SERVE THROUGH THIS PROJECT IN YEAR ONE?

WHAT RESOURCES ARE/MAY BE AVAILABLE TO CONTINUE THIS PROGRAM IF FUNDING IS NOT AVAILABLE IN FEDERAL FISCAL YEAR 2020?

SIGNATURE – SENIOR CENTER DIRECTOR (S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE – MUNICIPAL OFFICIAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACHMENT: TWO BUDGET PAGES

NOTE: THE TWO APPLICATION FORMS MAY BE PRINTED AND REPRODUCED. PLEASE DO NOT MODIFY THE QUESTIONS. THANK YOU.