



GENESEE COUNTY SENIOR CITIZEN SERVICES

2017-2018 SENIOR MILLAGE SPECIALIZED GRANT APPLICATION

SUBMIT TO:

Genesee County Office of Senior Services
Genesee County Administration Building
1101 Beach Street, Room 361
Flint, MI 48502

COMPLETED GRANT APPLICATION DUE:

Friday, October 27, 2017 by 11:00 am

www.gcseniors.org



MEMORANDUM

TO: Senior Millage Specialized Grant Applicants

FROM: Lynn M. Radzilowski, Director
Office of Senior Services

SUBJECT: **Genesee County 2017-2018 Senior Millage Specialized Grant Application**

The 2015-2016 Senior Millage Specialized Grant Application is now available. Non-profit organizations can apply for funding for a special event or need. Proof of non-profit status maybe requested. The event or need must be for Genesee County residents age 60 and older. Organizations that already receive senior millage dollars are not eligible to apply or receive funding. Organizations may apply one time per fiscal year.

The Office of Senior Services will accept applications for the specialized grant up to the due date listed below. Completed applications will then be reviewed by the Genesee County Office of Senior Services. The GCOSS will make recommendations to the Genesee County Board of Commissioners regarding funding awards. Once the Board of Commissioners has made its determination as to the awards, contracts between the County and the requesting entity as the Grantee will be negotiated.

Application items must be completed and submitted to:

Genesee County Office of Senior Services
Genesee County Administration Building
1101 Beach Street, Room 361
Flint, MI 48502-1470

Due no later than: **October 27, 2017 11:00 am**

If you need assistance, please contact Deb McCrackin, Senior Service Specialist, at 810-424-4311.
Thank You.

Date Received: _____

APPLICANT INFORMATION:

Organizational Legal Name: _____

Employer/Taxpayer Identification Number (EIN/TIN): _____

Address:

Street: _____

Mailing address: _____

City: _____

County: _____

Zip: _____

Years in service: _____

Name and contact information of person to be contacted on matters involving this application:

First name: _____

Middle name: _____

Last Name: _____

Title: _____

Organization Affiliation: _____

Telephone Number: _____ Fax Number: _____

Email: _____

On additional paper please include the following:

- Organization's mission, accomplishments, and programs.
- List of Officers and Board of Members with contact information
- Certificate of Incorporation and By-Laws
- Financial statements for last completed fiscal year (audited, referred)
- Description of members and clients
- Past achievements of your organization

Please list other sources of funding and the amount of funds from each source:

Applicant's amount of funding requested (maximum of \$1,000): _____

Proposal Summary – On additional paper please provide a summary of including the following:

- Background of your organization
- Brief summary of past projects and achievements (if applicable)
- Project Overview
- Reasons for the grant request and target amount
- Specific objectives
- Details of the project activities to help achieve objectives
- Other factors that will show project is worthy of the grant

Attach supporting documents for request (bids, estimated cost, etc):

Population of seniors that this grant will benefit: _____

By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I further certify that if granted the funding, it will be used to provide services only to seniors aged 60 years and older who reside in Genesee County.

Authorized Representative:

First Name: _____

Middle Name: _____

Last Name: _____

Title: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Signature of Authorized Representative

Date Signed