

**Alpena County Older Persons Committee  
2019 Funding Application**

This application must be submitted in writing to the Alpena County Board of Commissioners office, 720 West Chisholm, Suite 7, Alpena MI 49707. Electronic copies of this application can be downloaded from the county website at [www.alpenacounty.org](http://www.alpenacounty.org). In order to be eligible for funding:

- Your organization must provide benefits to seniors aged 60 and above living within Alpena County.
- Your organization must be recognized as a non-profit charitable organization under section 501c3 of the Internal Revenue code. (Schools and government agencies are also eligible. Funding to religious organizations will be considered only if they serve the general public and do not have religious overtones of a sectarian nature.) Applicants must provide proof of their 501c3 non-profit status.
- No funding will be made to individuals.
- Your organization must abide by the County of Alpena’s accountability standards for nonprofit organizations; which is attached.
- This application may not be altered in any manner.

Applications must be submitted in hardcopy only. Please type (preferred) or print legibly in black ink. Submit eleven (11) copies, one sided only, 3 whole punched. Attach proof of your non-profit status to the application. The deadline is by 4 p.m. on May 1. **All grants and funding are contingent upon the passage of a millage in August of 2018.**

You will be required to present your proposal to the Committee. You will be contacted with meeting date and time.

Name of Requesting Agency:	Amount Requested: \$
Mailing Address:	
<b>Phone of Contact Person:</b>	Fax:
<b>E-mail of Contact Person:</b>	Website:
<b>Name and Title of Contact Person:</b>	
Name and Title of Executive Director or Chief Volunteer <b>if different than contact person:</b>	
Organization’s Mission Statement:	
Description of service(s) provided:	

Does your organization file an annual form 990 with IRS?

If yes, please attach most recent.

Does your organization prepare an annual audit?

If yes, please attach most recent.

If your organization does not file a annual 990 or prepare an audit, please explain how the organization files with IRS? (attach any documentation that would be pertinent):

**Name of your program/project:**

Community need addressed by this program/project.

How did you determine that this need exists? Please cite statistics, if possible.

How will this program/project address this need?

Who will benefit?

How many do you expect will be served?

List other agencies that will work with you on this program/project:

Have any of these agencies applied for funding from this fund? If yes, please list:

Anticipated program/project start date\*:

Anticipated program/project end date\*:

\*Funding for approved program/project is based on the calendar year of Alpena County, January 1 – December 31.

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What measurable changes do you expect program/project participants to achieve as a result of your intervention?

How will you measure and verify these changes?

How many clients age 60 and over (unduplicated) did this program/project serve in Alpena County during January 1 – December 31 of last year?

What percent of those served aged 60+ are from Alpena County?

If applicable, total visits by clients 60 & over from Alpena County.

If new, write NEW.

**\*Calendar year being January 1 – December 31.**

How many program/project participants 60 and over (unduplicated) do you expect to serve in the next 12 months?

What percent of participants do you expect to serve that are age 60+ from Alpena County?

If applicable, total visits by clients 60 & over from Alpena County.

**\*Calendar year being January 1 – December 31.**

What steps are you taking to make sure the funding from Alpena County is being used for Alpena County Resident 60 and over?

Funding is not intended for ongoing funding. How will you replace this funding in subsequent years?

Is your agency monitored or reviewed by a licensing, accrediting or reviewing agency/organization? (Yes or No)

If yes, please provide the name of the reviewing agency/organization and date of last review.

# Program Budget

Name of Organization:
Name of Program/Project:

Support & Revenue	AMOUNT
Contributions	
Special Events (Fundraising income)	
Alpena County Older Persons Millage	
Alpena County Youth & Recreation Millage	
Federal	
State	
Program/Project & Material Sales Income	
Membership Dues for your Program	
Investment Income	
Legacies & Bequests (unrestricted)	
Cash Match (Please indicate source in budget narrative)	
In-kind Match (Please indicate source in budget narrative)	
Other (Please indicate source in budget narrative)	
<b>TOTAL REVENUE</b>	
Expenses	
Salaries	
Employee Benefits	
Taxes (Payroll)	
Supplies (papers, pencils, pens, etc.)	
Professional/Legal Fees	
Communications (telephone, fax, cell phones, pagers)	
Postage & Shipping	
Occupancy (rent, utilities, insurance, etc.)	
Rental/Maintenance/Purchase of Equipment (file cabinets, meter rentals, etc)	
Printing and Publication	
Purchase of Equipment for Program/Project	
Travel (Conference/Conventions/Meetings)	
Membership Dues (Payment to affiliated organizations)	
Fundraising Expense	
Technology Expense (Internet)	
Grounds & Maintenance Expense	
Other (Please breakdown in budget narrative)	
<b>TOTAL EXPENSES</b>	

**Round all figures to the nearest dollar.**

Please attach a budget narrative that briefly describes support & revenue and expenses for each line item in budget.

Form Completed By:	
Name	Title
Signature	Date:

**Disclaimer: Falsification of the information in this application will cause immediate termination of funding and could cause legal action.**  
 Approved by the Alpena County Board of Commissioners: March 22, 2011