

AGEWAYS NONPROFIT SENIOR SERVICES CAREGIVER MINI GRANT APPLICATION FY2027

Organization Information

Organization Name:

Executive Director/President:

Executive Director/President Email:

Address:

Telephone Number:

Website Address:

Primary Contact Information

Name:

Title:

Email Address:

Phone Number:

Employer Identification Number (EIN):

Minority Organization:

- ☐ Yes
☐ No

Women Owned Organization:

- ☐ Yes
☐ No

Corporate Status:

Service Being Applied For (*check one*):

- ☐ Caregiver Education
☐ Caregiver Training
☐ Respite

Organizations may apply for funding to support more than one caregiver service. An application and budget documents must be submitted for each service an organization wishes to apply for.

Service Area(s)

- ☐ Livingston County
- ☐ Macomb County
- ☐ Monroe County
- ☐ Oakland County
- ☐ St. Clair County
- ☐ Washtenaw County

Proposed Funding Amount

Proposed Number of Participants/Caregivers to be Served

Proposed Units to be Served

Organization History and Experience

Describe the organization's history and how it has evolved to meet the needs of the population to be served. Describe the organization's successful experiences, and qualifications for supporting the proposed service for older adults and/or caregivers.

Program Need

Describe how the program meets a specific need in the service area and why the organization is the most qualified to provide the service.

Program Description

Identify how the program/service will uniquely benefit caregivers. State the main goal or program purpose. Describe how the program plans to target services to persons in greatest social or economic need with preference given to low-income minority older adults.

Program Implementation

Briefly identify the core tasks and timeline to execute the program. Describe outreach efforts and how the program will be marketed to the target population to be served, including low-income minority older adults.

Program Evaluation and Impact

Describe the criteria and expected process for evaluating service quality, and caregiver satisfaction.

Staffing & Volunteers

Describe the staff and volunteers that will be used to support the program. Include the staff roles/responsibilities and any credentials or certifications relevant to the proposed project.

Technology

If applicable, describe how technology (e.g., systems, platforms) will be used to further support and/or enhance the service delivery operations. Describe how the use of technology has or will be used to enhance program performance and create efficiencies for service delivery. If applicable, describe how technology will be used to interact with participants. Identify any processes that will be used to ensure that the use of technology is user-friendly and person-centered

Financial Information

All applicants must provide rationale to support the proposed funding amount, participants, and units. In addition, describe any additional resources or alternative funding that will be used to further support or enhance the program.

Are audited financial statements available?

Does the agency receive a single audit?

Identify the source(s) of matching funds that will be used to satisfy the match requirement.

Are program expenses tracked in a financial system with a specific General Leger (GL)/accounting code?

Describe program sustainability once the grant period has ended.

Submit Articles of Incorporation, if not already on file.