



Union County Senior Services
940 London Ave., Suite 1800
P.O. Box 389
Marysville, OH 43040
<https://www.unioncountyohio.gov/Senior-Services-Home>
937-644-1010
800-248-2347
Fax: 937-644-8700

2022 Union County Senior Services Grant Application

Instructions

Union County Senior Services (UCSS) is a sales tax supported agency. UCSS's objective is to help Union County seniors maintain their independence and/or remain safely living in their homes. UCSS is currently accepting applications from agencies to meet these objectives.

Describe in this application how you will use Senior Services funding to support Union County seniors to help maintain their independence and/or ability to remain living safely in their home. Applicants will be selected based on their ability to describe how the funding will be used and how the specific services will assist seniors to remain independent and/or remain living in their home.

The following documents must be submitted for your application to be reviewed:

- 1) Signed Conditions of Participation
- 2) Proof of insurance- face sheets for all insurance (if applicable).
- 3) Proposed 2022 budget using budget template provided
- 4) IRS Determination Letter (if applicable)
- 5) Employer Identification Number
- 6) List of Board Members (if applicable)
- 7) Organization By-Laws (if applicable)
- 8) Table of Organization (if applicable)
- 9) IRS Form 990 (previous year, if applicable)

Please submit one copy of your application and supporting documents to Kathleen Albanese at Kathleen.Albanese@jfs.ohio.gov or via mail (see address above). Applications must be received no later than 4:30 pm on September 30, 2021.

Contact Information:

Organization:

Address:

Contact Person with Title:

Telephone Number:

E-mail Address:

Statement of Need

What service need, problem, or challenge experienced by seniors will your program address?

What does your program propose to do? (If you are applying for funding for more than one program, describe each program separately.)

How will your program meet Senior Services' objective to support seniors to maintain their independence and/or ability to remain living safely in their home?

What are the goals or outcomes of your program(s)?

How many seniors will be impacted by your program(s)?

Describe eligibility requirements of your program.

Describe how you plan to collaborate with other agencies.

Describe all Costs involved in performing the activity or program you are proposing to do.

Amount Requested for each program: Please describe the amount requested for each specific program.

Program Name: _____ Amount: \$ _____

Program Name: _____ Amount: \$ _____

Program Name: _____ Amount: \$ _____

Total Amount Requested: (If applying for funding for more than one program). \$ _____

Please use attached budget worksheet and budget narrative to specify how the money requested will be utilized.

Union County Senior Services
Grantee Acceptance of
Conditions of Participation
CY 2022

1. All grants entered into by Union County Senior Services represent an explicit agreement between all parties to work cooperatively with and supportive of one another toward the successful implementation of the goals of this grant.
2. Grantee commits to coordinate all related activities and services with Union County Senior Services and to support a community wide coordinated and integrated system of care.
3. Grantee agrees to provide regular quarterly financial and programmatic reports (reports must include numbers served by grant dollars) to Union County Senior Services on the following dates: **April 15, July 15, October 15 & January 15** and in a format prescribed by Union County Senior Services. Grantee will include an invoice identifying the amount of money spent on each funded program. The invoice will specify the Quarte/Year for which the funds were spent, the organization name and address and the invoice amount.
4. Upon grant approval, grantees will be allocated funds on a quarterly basis. Grant funds are provided on a reimbursement basis in a timely manner following the submission and approval of the quarterly programmatic and financial reports. Unused grant funds may not be carried over into the next year.
5. Each Grantee will maintain all necessary records and information in order to complete financial and programmatic reports as required by Union County Senior Services. All financial and program performance records will be available for review by authorized representatives of Union County Senior Services. All programmatic and financial records must be retained by the grantee for a period of at least three years.
6. **Grantee agrees to add the Union County Senior Sales Tax Project designated logo for levy funded programs to all stationary, brochures and advertisements related to the program supported by the grant throughout the duration of the funding period.** The Grantee agrees to supply a copy of any publication related to the program supported by the grant to Union County Senior Services to be kept on file.
7. Union County Senior Services reserves the following rights and privileges:
 - A. To accept, reject or negotiate the modification of any application, proposal or budget submitted;
 - B. To require additional information regarding the participating organization including

structure, finances, services or project proposed;

C. To increase, decrease, revise or terminate any resulting grant based on any of the following:

1. Failure of grantee to comply with these Conditions of Participation;
2. Failure of grantee to satisfactorily meet the goals of this proposal;
3. Failure of grantee to provide or obtain other funding as represented in the approved grant budget;
4. Failure of grantee to adequately address specific written concerns of Union County Senior Services in a timely manner;
5. Insufficient resources available to Union County Senior Services; or,
6. Any other reasonable circumstance that impairs or prevents the performance of services as planned; or which fails to promote a coordinated and effective use of system resources.

8. Any changes in the information provided in the proposal will be provided in writing to Union County Senior Services within ten days of occurrence and be subject to negotiation regarding the continuation of the grant.

We have reviewed and accept the above Union County Senior Services Conditions of Participation, which will apply to our organization and service or project in the event we are selected as a grantee by Union County Senior Services.

Signature of Authorized Person: _____

Title: _____

Please print or type full name: _____

Date: _____