

Transportation Services

Application for Senior Citizen Millage Funds for Calendar Year 2011

Date of Application _____

Name of Service Provider _____

Name of Program _____

Mailing Address _____ City _____ Zip _____

Phone Number _____

Person in Charge _____

Title _____

Days and Hours of Service _____

Are you a new organization? Yes _____ No _____

Is your organization registered with the State of Michigan? Yes _____ No _____

Is your organization a 501 (c) (3) organization? Yes _____ No _____

Official name: _____

Date Established _____

Senior Millage Funds requested amount \$ _____

How many units of service do you plan to provide in **2011**? _____

What is your total unit cost (county dollars requested divided by # of anticipated units of service (Note: One one-way trip equals one unit of service) _____

Is the requested amount for a new program? Yes _____ No _____

Will this request involve additional employees? Yes _____ No _____

If involves additional employees, how many? _____

Number of paid employee's Full time _____ Part time _____

Name, Title and County of Residence of Officers:

Indicate the Number of Unduplicated Clients Served in the Last Twelve Months:

<u>Name</u>	<u>Title</u>	<u>County</u>						
_____	_____	_____	Azallia	48110	_____	Monroe	48161	_____
_____	_____	_____	Britton	49229	_____	Monroe	48162	_____
_____	_____	_____	Carleton	48117	_____	Newport	48166	_____
_____	_____	_____	Deerfield	49238	_____	Ottawa Lake	49267	_____
_____	_____	_____	Dundee	48131	_____	Petersburg	49270	_____
_____	_____	_____	Erie	48133	_____	Riga	49276	_____
_____	_____	_____	Ida	48140	_____	Samaria	48177	_____
_____	_____	_____	Lambertville	48144	_____	S. Rockwood	48179	_____
_____	_____	_____	LaSalle	48145	_____	Temperance	48182	_____
_____	_____	_____	Luna Pier	48157	_____	Willow	48191	_____
_____	_____	_____	Maybee	48159	_____			
_____	_____	_____	Milan	48160	_____			
						Total		_____

(Attach sheets as needed)

How many of these clients are 60+ _____

- ❖ Indicate the percentage of anticipated unduplicated clients you plan to serve _____
- ❖ Indicate the number of anticipated unduplicated clients you plan to serve _____
- ❖ Geographic Area planned to be served _____

Explanation of Funding Request

Briefly describe the program for which funds are requested:

Explain the need for your program and its relevance to improving the quality of life for Monroe County seniors:

Have similar programs been undertaken by other organizations in the community? Please explain.

How will you evaluate the success of your program?

Other funding sources you applied to for this program:

If this program will be a continuing one, explain in detail the source of funds for operations and salaries in future years:

If the Monroe County Commission on Aging does not approve your request for funds, what alternate plan would you follow?

Do you charge, or request a donation from the seniors for any services or activities?

Yes _____ No _____ If yes, please, list services and associated fees:

What programs or activities do you provide weekly? Please also list programs or activities provided other than weekly and specify frequency. Narrate below and add additional sheets if necessary.

On the average, how many hours do you anticipate that volunteers will contribute to the program each week? _____

Of these, how many hours are not counted by RSVP? _____

Do employees in your organization receive paid lunchtime? Yes _____ No _____

If yes, how long? _____

Explanation of Request for Funding Increases

Salary Increase of ___ % or \$ ___ per hour for the following positions:

Operations increases for the following line items:

- ❖ What percent of the agency salary costs are charged off to the senior millage? _____%
- ❖ What percent of agency fringe benefits costs are charged off to the senior millage? _____%

Additional staff/additional time for existing part time staff:

Position title	Wage per hour	Fringe benefits	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fringe benefit increases

- ❖ Worker's Compensation _____
- ❖ Health Insurance _____
- ❖ Other (Specify) _____

(Attach sheets as needed)

Budget Summary

	2010	2011
County Dollars requested for salaries		
County Dollars received for salaries		##### #####
County Dollars requested for operations		
County Dollars received for operations		##### #####
Total County Dollars requested for calendar year		
Total County Dollars received for calendar year		##### #####
Total additional County Dollars received throughout budget year		##### #####
Total cost of program		
Percent of Total Program cost required from County Dollars		

I assure The Monroe County Commission on Aging that all the information provided herein is current and accurate, any County funds granted will be used expressly for the purposes requested, and that all services and activities will be operated in accordance with State and Federal Laws, Monroe County Commission on Aging Regulations, Policies, and Procedures.

Print Name _____

Signature _____

Title _____

Program _____

Date _____