

Health Services

Application for Senior Citizen Millage Funds for Calendar Year 2010

Date of Application _____

Name of Service Provider _____

Name of Program _____

Mailing Address _____

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 **2010**? _____

What is your total unit cost (county dollars requested divided by # of anticipated units of service (Note: One hour 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	_____	Milan	48160	_____
			Britton	49229	_____	Monroe	48161	_____
			Carleton	48117	_____	Monroe	48162	_____
			Deerfield	49238	_____	Newport	48166	_____
			Dundee	48131	_____	Ottawa Lake	49267	_____
			Erie	48133	_____	Petersburg	49270	_____
			Ida	48140	_____	Riga	49276	_____
			Lambertville	48144	_____	S. Rockwood	48179	_____
			LaSalle	48145	_____	Temperance	48182	_____
			Luna Pier	48157	_____	Willow	48191	_____
			Maybee	48159	_____	Total		_____

(Attach sheets as needed)

- ❖ Indicate the number of anticipated unduplicated clients you plan to serve _____
- ❖ How many of these clients are 60+ _____
- ❖ 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

	2009	2010
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, and that 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 _____