



**SENIOR RESOURCES, AN AREA
AGENCY ON AGING
PROPOSAL for FUNDING
APPLICATION**

~ COVER SHEET ~

APPLICATION PERIOD: Fiscal Years 2020 through 2022

1. Organization Name: _____

Main Address: _____

City/State/Zip: _____, _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

2. Site Location: _____

3. Contacts:
Administrator/Director: _____

Program Coordinator/Manager: _____

Fiscal Manager/Accountant: _____

4. Federal ID# _____ **5. DUNS#:** _____

6. Type of Applicant: New ___ Repeat ___ **7. Minority Contractor:** Yes ___ No ___

8. Type of Organization: Private, Non-Profit ___ Private, For-Profit ___ Public ___ Government ___
Other (describe) _____

8. County/Geographic Area your agency will serve: Muskegon ___ Ottawa ___ Oceana ___
Other (describe) _____

9. Proposed Service	10. Funding Amount Requested (FY2020 Only)
1.	
2.	
3.	
4.	
5.	
Grand Total of Funding Request (do not include match or program income in total request)	

11. _____
Authorized Official Signature (Policy Board Chairperson and/or Company President)