



## **CALHOUN COUNTY SENIOR SERVICES**

### **Senior Millage Program Grant Application**

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This application may be submitted by email or mail to:

Calhoun County Office of Senior Services  
315 West Green Street  
Marshall MI 49068  
269-781-0846

Helen Guzzo, Manager, Calhoun County Senior Service  
[hguzzo@calhouncountymi.gov](mailto:hguzzo@calhouncountymi.gov)

Or you may complete the application online, print a copy and submit it electronically. Electronic copies of this application can be downloaded from the County website at:

[www.calhouncountymi.gov/seniorservices/grantapplications/](http://www.calhouncountymi.gov/seniorservices/grantapplications/)

#### **REQUIREMENTS OF SENIOR MILLAGE GRANTS**

- Your organization/program must provide benefits/services to seniors age 60 and above living within Calhoun County.
- Funding for approved program/projects is normally based on the calendar year of Calhoun County.
- Services provided must support Senior Services Mission to support Safety, Dignity and Independence of Calhoun County residents, age 60 and over.
- Funding requests may be between \$5,000 and \$20,000 for up to a 12-month period.
- Funding requests can be subject to the county purchasing policy depending on contract and associated selection requirements.
- Post funding reporting and deliverables will be determined and communicated at the point of award. A contract will be signed with Calhoun County for the funds, if awarded.
- Please include a cover letter on your organization's letterhead with a summary of the request and the need for the proposed program.

**LEGAL STATUS OF APPLICANT**

The Applicant shall indicate the legal status of the Applicant by filling in the appropriate section below.

**An INDIVIDUAL** whose signature is affixed to this contract doing business under the Name of : \_\_\_\_\_  
Federal Employer ID (EIN or SSN) \_\_\_\_\_ \*required for tax reasons

**A PARTNERSHIP** whose signature is affixed to this application doing business under the firm name of: \_\_\_\_\_  
Federal Employer ID (EIN or SSN) \_\_\_\_\_ \*required for tax reasons

**A CORPORATION** organized whose repetitive signature is affixed to this application and doing business under the laws of the State of Michigan:  
under the business name of: \_\_\_\_\_  
Federal Employer ID (EIN or SSN) \_\_\_\_\_ \*required for tax reasons

If you are a nonprofit organization, please include a copy of your IRS 501 (c) 3 Determination letter.

DATE OF APPLICATION:	
Name of Requesting Agency or Group	Contact Person Name and Title
Mailing Address	Phone
	Fax
	Email
AMOUNT (\$) REQUESTED FROM CALHOUN COUNTY SENIOR MILLAGE: _____	
Organization Mission and/or Purpose	Executive Director Name and Title if different
Description of Services(s) provided	
Status of Program/Service: <input type="checkbox"/> Start-Up New <input type="checkbox"/> CONTINUATION of Existing Senior Millage Program. If Yes, state current funding level: <input type="checkbox"/> EXISTING program funded from non-Millage funds	If this project is a continuation of previous funding, How long have you received funding from CCSM in the last 12 months? Also, indicate how many seniors age 60 and over (unduplicated) did this project serve in Calhoun County in the last 12 months of operation?
Name of your program/project:  Senior needs addressed by this program:  Describe how need for this program is determined? Cite any available statistics or data.	

How will this program/project address this need?

Is this is a county-wide program? YES or NO If not, how and where will the services be offered?

How many older adults are expected to be served by this project?

List other agencies that will collaborate with you on this program/project:

Describe the types of collaborative work that support this proposal?

Does this project funding leverage any additional funds from collaborating partners or funders?  
If so, how much is being contributed from other sources? Programs that provide match from other sources are stronger proposals.

Are volunteers or retired seniors involved with the delivery of planned services? If so, explain.

Expected Project start date:

Duration--Anticipated project end date:

What measurable changes or outcomes do you expect project participants to achieve as a result of this intervention?

How will these interventions be measured and verified?

Could you provide such verifiable, measured deliverables in a report at the end of the funding year?

What is the length of time funding is expected for the future?

How will this funding be replaced in subsequent years?

Is your agency monitored or reviewed by a licensing, or reviewing organization? Yes or No

If yes, provide the name of the reviewing organization and date of last review.

## Senior Millage Program Funding Budget

PROGRAM: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

	Projected Program (all Sources)	Projected Senior Millage Portion	Projected Entire Organization
<b><u>REVENUE</u></b>			
Contributions (Program Income)			
Foundations / Trust Grants			
United Way			
Calhoun County Senior Millage			
Area Agency on Aging			
Other Government Grants			
Other (please specify)			
<b>TOTAL REVENUE</b>			
<b><u>EXPENSES</u></b>			
Salaries			
Employee Benefits			
Payroll Taxes			
Office Supplies			
Communications			
Postage & Shipping			
Occupancy			
Rental / Maintenance Equip.			
Printing & Publicity			
Travel Local			
Specific Assistance to Individuals			
Services Sub-Contracted or Delivered by Others			
Indirect Costs (attach detail)			
Other (please specify) including insurance			
<b>TOTAL EXPENSES</b>			