

**LIFELONG COMMUNITIES INITIATIVE**  
*Assisting Kansas Communities to better plan for and  
serve the elders of today and the future.*



**APPLICATION FOR DEMONSTRATION COMMUNITY**

(Please use additional pages as needed to highlight your community's efforts.)

**Applicant Name: (City):** \_\_\_\_\_ **County:** \_\_\_\_\_

**Project Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address for Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Person completing form:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Total City Population:** \_\_\_\_\_ **Over 65** \_\_\_\_\_ **Over 85** \_\_\_\_\_

What geographic boundaries define your community?  
\_\_\_\_\_

What does your community hope to achieve by participating in this initiative?  
\_\_\_\_\_

Please describe the level of commitment that your community has toward a Lifelong Communities Initiative.  
\_\_\_\_\_

Noteworthy accomplishments related to seniors or similar community wide programs.  
\_\_\_\_\_

Does your community have a long range strategic plan for city growth and economic development? Please describe highlights of the plan.  
\_\_\_\_\_

How reception to change is your community?  
\_\_\_\_\_

What organizations or groups have endorsed the Lifelong Communities Initiative?  
\_\_\_\_\_

Project coordinator and volunteer team credentials?  
\_\_\_\_\_

**The Lifelong Communities Initiative is sponsored by the**  
Kansas Department on Aging, 503 S. Kansas Avenue, Topeka, Kansas 66603, 1-800-432-3535  
in conjunction with your Local Area Agency on Aging