

**APPLICATION TO
KANSAS DEPARTMENT ON AGING
SPECIAL PROJECT**

1. Title of Project:	
2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Supplement	
3. Project Director (Name, Title, Department, and Address – Street, City, State, Zip Code):	6. Budget Year From _____ Through _____
 <hr style="width: 30%; margin-left: 0;"/> Area Code: Phone No.	7. Type of Organization: (Check One) _____ Public for Profit Agency _____ Public Non-Profit Agency _____ Private Non-Profit Agency
4. Applicant Agency (Name and Address – Street, City, State, Zip Code):	8. Payee (Specify to whom checks should be sent – Name, Title, Address):
5. Name, Title, Address of Official Authorized to Sign for Applicant Agency:	<hr style="border: 1px solid black;"/> Federal Tax Identification Number
9. Terms and Conditions: It is understood and agreed by the under signed that: (1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this State: (2) any changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the State Agency shall be deemed incorporated into and become a part of this agreement; (3) the attached Assurance of Compliance with the Department of Health and Human Services Regulations issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this proposal as approved; and (4) funds awarded by the State Agency may be terminated at any time for violation of any terms and requirements of this agreement.	
10; Signature (Person Named in Item 5): <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%;"/> Signature </div> <div style="text-align: center;"> <hr style="width: 30%;"/> Date </div> </div>	

PROPOSAL NARRATIVE ORGANIZATION

It is requested that the proposal be arranged in the following format to facilitate the assessment of the application. Be sure to include all of the information requested. Insufficient information will delay review of the application.

FORMAT

I. Statement of Application

Synopsis – provide a brief overview of the applicant organization, describe the Reasons you are interested in developing the program, and describe the Applicant’s experience with other social service and/or health care programs which may establish the applicant’s capacity to operate effectively the proposed program. Include the basis of financial support.

II. Supporting Documentation

- A. Documentation of Need – Describe as fully as possible the documented need or potential need for the program in the geographic area (e.g., public health statistics, census tracts, reports on needed services prepared by other community agencies).
- B. Community Support – Show how the applicant agency will coordinate with other programs and agencies in the community. Include also any role these organizations have played or will play as part of the development of the program. Show mechanisms of outreach and public information.
- C. Program Description – Describe the following:
 - Synopsis – Describe the proposed model of service delivery to be used in the program;
 - the target population to be served;
 - the geographic area to be served;
 - program services – in detail;
 - staff organization (including the role each staff person will perform and the number of hours he or she will be employed in the program) and attach a proposed organizational chart;
 - major objectives, list each and give the time frame for implementation, include anticipated units of service and unduplicated number of persons to be served.
 - in-service training for all staff; and

PROPOSAL ORGANIZATION (Continued)

- D. Describe the monitoring and evaluation system.

- E. Future funding – Describe plans for obtaining continued operational support for the project following grant expiration.