

**South Carolina
Department on Aging**



**ELDERCARE TRUST FUND
GRANT APPLICATION
2024**

| | | | |
|---|---|--|--|
| Name of Implementing Agency: | | | |
| Federal ID#: | | | |
| Complete Address: | | | |
| County: | | | |
| Phone Number: | | | |
| E-Mail Address: | | | |
| Contact Person: | | | |
| <i>(Should be the person to call if there are any questions regarding the Proposal.)</i> | | | |
| Grant Period: | Beginning: | | Ending: |
| Partner Organizations (if any): | 1. | | |
| | 2. | | |
| | 3. | | |
| Counties to be Served: | | | |
| Name and Title of Person with Signatory Authority: | | | |
| Name and Title of staff person who will be administratively responsible for the program: | | | |
| Type of Implementing Agency: | <input type="checkbox"/> Aging Service Provider <input type="checkbox"/> Adult Day Care Center <input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> College or University <input type="checkbox"/> Community Center <input type="checkbox"/> Family Service Agency | <input type="checkbox"/> Home Health Care Agency <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Public Agency <input type="checkbox"/> Religious Organization <input type="checkbox"/> Senior Center <input type="checkbox"/> Other (specify): | |
| Type of Proposal: | <input type="checkbox"/> New Program Development | | <input type="checkbox"/> Expansion of Existing Program |
| Type of Service: | <input type="checkbox"/> Respite <input type="checkbox"/> Recreational Program | <input type="checkbox"/> Education Program <input type="checkbox"/> Other (specify): | |
| Geographic Location of Program Site | <input type="checkbox"/> Rural <input type="checkbox"/> Urban | <input type="checkbox"/> Suburban <input type="checkbox"/> Small Community | |

The Implementing Agency:

Organizational Description: Describe your organization's activities. All organizations must justify and document how they currently or plan to provide innovative services that help older adults remain in their homes and communities. For an existing program, describe your past success. If your organization is new, provide information that your organization is structured and well organized in both fiscal and programmatic areas.

Challenge Definition: Describe the challenge exactly as it exists in your particular community. The challenge definition identifies the nature and magnitude of the specific challenge that you wish to address through the proposed program. Document any statements with valid, updated statistical data, where available.

The Proposed Program:

For all programs include: type of program; target audience; location of program; program schedule; credentials and experience of trainers; as well as projected number of persons to be reached by the program.

Empty text area for program details.

Program Objectives:

Objectives are specific, quantified statements of expected results of the program. The objectives must be described in terms of measurable events that can be realistically expected under time constraints and resources. Objectives must be related to the "Challenge Definition" section. They should describe who would do what, by when, and list the number of clients to be served. For example, a Program Objective may be to serve ten clients each week. The Performance Indicator would then be that the number of clients in attendance is documented through use of a roster. Provide no more than three objectives.

Performance Indicators: Based upon your measurable objectives, state exactly how each objective will be measured. Performance Indicators should be matched to your specific Program Objectives. Performance Indicators are activities that evaluate and document your program as to whether each activity was successful. For example, if you wanted to measure an educational program, a Performance Indicator would be written evaluations to be completed by participants at the end of the training.

The Proposed Program:

Plans for outreach and recruitment of participants:

Plans for recruitment of staff and volunteers, if applicable:

Does the population you propose to serve have special needs or concerns (such as transportation issues, varying levels of care needed, cultural issues, etc.)? If yes, please describe these needs and how they will be addressed:

Current staff resources and services of the sponsoring organization that can be made available to the program:

Funding Information:

Indicate plans for future funding and fund-raising that will ensure continuity of the program for the second year and beyond.

Attachments - All attachments must be included at time of submission.

- a. Verification of organization's 501(C)(3), public entity or equivalent tax exempt status (labeled as Attachment A), if applicable.
- b. Resume of staff person who will be administratively responsible for the Program (labeled as Attachment B).
- c. At least three (3) letters of support from key service agencies in the community must be submitted, (e.g., Area Agency on Aging, Senior Center, etc.). (All letters of support **must** be submitted with application. Letters of support mailed separately or emailed separately will not be accepted.).

VI. Annual Report - One (1) copy of most recent Annual Report, if applicable.

All attachments must be submitted with proposal. Letters of support, the annual report, or other attachments will not be accepted if they are submitted separately from the application.

PROJECT BUDGET SUMMARY FORM

GRANT YEAR **2024** TO **2025**

NOTES:

Funding from this grant is subject to availability of funds and is not to exceed \$10,000.

EXPENSES - YEAR OF OPERATION

| OTHER THAN PERSONNEL SERVICES (OTPS) | ECTF Funds Requested | Other Resources | Source ⇨ | Total |
|---|-----------------------------|------------------------|-----------------|--------------|
| Space/Rental | \$ | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ | \$ |
| Meals | \$ | \$ | \$ | \$ |
| Equipment | \$ | \$ | \$ | \$ |
| Program Supplies | \$ | \$ | \$ | \$ |
| Printing/Copying | \$ | \$ | \$ | \$ |
| Telephone | \$ | \$ | \$ | \$ |
| Postage | \$ | \$ | \$ | \$ |
| Travel/Transit | \$ | \$ | \$ | \$ |
| Insurance | \$ | \$ | \$ | \$ |
| Personnel Services | | | | |
| Salaries | | | | |
| | | | | |
| | | | | |
| TOTAL OTPS EXPENSES | \$ | \$ | \$ | |

| | |
|--|-----------|
| TOTAL EXPENSES OF ALL 3 COLUMNS | \$ |
|--|-----------|

PROJECT BUDGET NARRATIVE:

Please provide a brief line-item justification for every entry. It is important that the Project Budget Summary Form and the Project Budget Narrative provide a clear picture of how resources will be utilized to conduct the proposed project. Budget Narrative must match Budget Summary Form item for item.