



## **REGION 12 REGIONAL ADVISORY COUNCIL MINI-GRANT PROGRAM APPLICATION**

Funded by Older Coloradans Act-State Funds for Senior Services

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Region 12 Regional Advisory Council, of the NWCCOG-Alpine Area Agency on Aging, is accepting applications for mini-grant awards from the aging network partners serving Region 12. A total of \$7,500 is available for State Fiscal Year 2015-2016 (SFY'16).

The purpose of the mini-grant program is to help facilitate up-front funding of innovative ideas that will serve older adult interests in local communities and to also provide small financial awards to support professional development opportunities, to assist in emergency situations affection aging service delivery, and other relevant aging activities to better serve the older persons (60 years of age or older) and/or their family caregivers in the five-county Region 12 service area.

The mini-grant program is administered through the Regional Advisory Council. The mini-grant program is intended to be one-time only funding awards. Funding for these grants is provided through State Funds for Senior Services. This mini-grant program is to support applicants or project implementation located within the Region 12 planning and service area: the counties of Eagle, Grand, Jackson, Pitkin and Summit. Applicant projects may be for anytime during the period of July 1, 2015 thru June 30, 2016; however, all applicant projects must be fully completed no later than June 30, 2016. Any unit of local government, public or private non-profit legal entity, or consortium is eligible to submit an application for these funds.

This Mini-Grant Program Application package contains the following:

- ◆ Mini-grant Award Program Guidelines
- ◆ Mini-grant Application Form

These documents are available to download at the NWCCOG website: [www.nwccog.org](http://www.nwccog.org)

Applications will be accepted on a rolling basis, and awards made on that same basis as funding permits or until the application deadline of **no later than 5:00 pm (Mountain time), Monday, May 2, 2016.**

Please submit completed applications to:

**NWCCOG-Alpine Area Agency on Aging**  
**P.O. Box 2308**  
**Silverthorne, CO 80498**  
**Fax: 970-468-1208 / E-mail to [aaa12@nwccog.org](mailto:aaa12@nwccog.org)**

If you have any questions regarding Regional Advisory Council's mini-grant program, please contact Erin Fisher at 970-468-0295 x107

## MINI-GRANT AWARD PROGRAM GUIDELINES

### Eligible Applicants:

Any unit of local government, public or private non-profit legal entity, consortium of entities is eligible to submit an application for these funds. If applying as a consortium, one member of the consortium that is an established legal entity must be designated as the lead applicant.

### Eligible Projects for grant funds:

The Region 12 Regional Advisory Council of the NWCCOG-Alpine Area Agency on Aging has designated these state funds for mini-grant awards to assist the aging network to better serve the older persons (60 years of age or older) and/or their family caregivers in the Region 12 area. Below are the identified priority projects for the mini-grant funds:

- **Advocacy:** Providing leadership and advocacy for persons age 60 and older within the proposed geographical service area, including monitoring and evaluating factors and issues affecting older individuals (those age 60 and older) within the proposed geographical service. The Applicant shall not use these mini-grant funds for lobbying activities, as described at Section 24-6-301, C.R.S., including, but not limited to, any activities intended to influence any decision or activity by any non-judicial Federal, State or local individual or body. A justification and description of the Advocacy activities and all funding components must be provided in the application.
- **Coordination:** A formal or informal arrangement through which the Applicant or an applicant coalition brings together the planning and service resources of two or more public and private agencies for the purpose of expanding or strengthening services for older persons in the region. Coordination refers to cooperative efforts, in support of common objectives, directed toward joint planning and resource development, increased quality and quantity of services, and the improvement of services to achieve a more effective and efficient comprehensive system. A justification and description of the Coordination activities and all funding components must be provided.
- **Emergency Situation:** a serious situation or occurrence that happens unexpectedly and results in a reduction/loss in the provision of aging services to Region 12 individuals age 60 and older or their family caregivers. This may include emergencies due to a natural disaster (e.g., flood, wind shear, earthquake, etc.) or a catastrophic (sudden and complete) failure of a facility due to an external cause (e.g., a building collapse after being struck by a truck).
- **Equipment:** tangible personal property (office furniture, kitchen equipment, and vehicles) with a useful life of more than one year for the purpose of providing direct services or senior activities for older persons. The description of the Equipment purchase and its justification must be included in the application.
- **Program Development:** Includes activities directly related to either the establishment of a new program/activity/service for older persons that will be integrated with and complementing existing services. A justification and description of demonstration programs and all funding components must be provided in the application.
- **Training and Professional Development:** Providing formal or informal opportunities for an individual and/or individuals to acquire knowledge, experience or skills. Includes individual or group events designed to increase awareness in such areas as nutrition, crime, or accident prevention; assists older individuals to better cope with their needs through training services; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job or occupation which advances the objectives of the Older Americans Act. Does not include staff development.

The Mini-Grant Program Application package is available at the NWCCOG website: [www.nwccog.org](http://www.nwccog.org)

### **Types of Grant:**

**CASH AWARDS**, on a reimbursement basis, will be made.

The legal entity that applies for and receives mini-grant funds will be asked to provide a written report, due by a specific date, to the Region 12 Regional Advisory Council.

### **Use of Grant Funds:**

Funding will be considered for proposed projects that begin after July 1, 2015, and the application project and use of the funds needs must be fully completed no later than June 30, 2016.

This is a reimbursement grant program and funds will be paid to grantees when the project is fully completed.

Grant funds may not be used to supplant regularly budgeted staff or project funds.

Grant funds may not be used to purchase real property of any type.

All individuals age 60 and older shall be eligible for mini-grant funded direct services or programs.

### **Reporting Requirements for Awarded Grant Funds**

Within fifteen (15) days of the awarded project completion:

- Submit an invoice that has attached documentation of all bills and expenses paid for the awarded project to the NWCCOG-Alpine Area Agency on Aging.
- Submit a final one-page report of the project accomplishments, and send a copy of the completed project deliverables, if appropriate, to the NWCCOG-Alpine Area Agency on Aging for the Regional Advisory Council.
- Other reporting items may be identified and required based on an individual application project.
- Recipients of a mini-grant award will sign a letter of agreement including these guidelines. This is a reimbursement grant in that grant funds will be sent to the grantee once the project is completed and the reporting requirements are received in a timely manner.

### **Application Submission Guidelines**

Only one application per applicant per state fiscal year will be considered.

Applications cannot request an amount of mini-grant funds of more than \$5,000.00. The Regional Advisory Council caps the amount of funds that can be requested.

Applicants must:

- Type application using double space and with font no smaller than 12-point size.
- Submit one copy of the fully completed application.

Applications for mini-grant fund assistance must be made through the NWCCOG-Alpine Area Agency on Aging and must use the application form and format outlined in the award program guidelines.

Applications will be accepted on a continuous basis and evaluated for eligibility and allocation as received until either the available funds have been depleted or the May 2, 2016 deadline has been reached.

Applicants must follow instructions contained herein and provide all requested information.

Photocopies of the application is acceptable, and applications submitted via facsimile and e-mail attachment are eligible for consideration.

Applications submitted for financial assistance consideration are not guaranteed funding. Financial assistance offers may be less than the full amount requested by the applicant.

Applications are considered public information and are available for review upon request.

### **Application Review**

Applications are accepted on a rolling basis until 5:00 pm (Mountain Time), May 2, 2016, and will be reviewed upon a first-come, first-served submission of completed applications.

Per the Regional Advisory Council's direction, the Program Director for the NWCCOG-Alpine Area Agency on Aging has the discretion for review and funding decisions of applications up to \$500.00. Any application request in the amount of \$500.00 or more will be submitted to the Grant Review Committee for review, consideration and funding decision.

The length of time from application review to a fund decision will vary, but it is estimated to be approximately 2 (two) weeks.

RAC SFY'15-16 MINI-GRANT APPLICATION FORM  
**COVER PAGE**

1. **Lead Applicant** \_\_\_\_\_
  
2. **Name of Person Completing Application** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
**City/ZIP** \_\_\_\_\_  
  
**Daytime Phone Number** \_\_\_\_\_ **e-mail address** \_\_\_\_\_
  
3. **Name of Person Responsible for Completion of Project** *(if different than person named above in 2.)*  
\_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
**City/ZIP** \_\_\_\_\_  
  
**Daytime Phone Number** \_\_\_\_\_ **e-mail address** \_\_\_\_\_
  
4. **Amount of state Mini-Grant Funds Requested\*** \$ \_\_\_\_\_  
*\*amount of funds requested cannot be more than \$5,000*
  
5. **Application Project** (select only one project)  
\_\_\_\_\_  
Advocacy: leadership and advocacy activities in the area of aging  
\_\_\_\_\_  
Coordination: bringing together resources for expanding or strengthening services  
\_\_\_\_\_  
Emergency Situation: situation/occurrence affecting aging services provision/operations  
\_\_\_\_\_  
Equipment: tangible personal property with a useful life of more than one year  
\_\_\_\_\_  
Program Development: start-up funds for New Program/Activity/Service  
\_\_\_\_\_  
Training and Professional Development: attend workshop/event in the area of aging
  
6. **Completion Date of Application Project** \_\_\_\_\_
  
7. **I verify that the funds from this mini-grant will be used as detailed. If received:**
  - the project and funds granted will be completed no later than June 30, 2015,
  - the request for reimbursement from awarded grant will be sent to Alpine Area Agency on Aging no later than 15 days from project completion date, and
  - a written report will be provided to the Region 12 Regional Advisory Council no later than 15 days from project completion date.
  
8. **Signature of Applicant** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**RAC SFY'15-16 MINI-GRANT APPLICATION FORM**  
**PROJECT NARRATIVE AND COSTS**

**9. Please provide the following information by typing your information below each item. Type narrative, use Double line spacing, and with font no smaller than 12-point size.**

9-i. Describe how the funds will be used.

9-ii. Please provide a brief explanation why this project is important or essential to your organization or to you.

9-iii. Please provide a brief explanation as how this project will serve the older persons (60 years of age or older) and/or their family caregivers.

9-iv. What outcomes do you expect?

If a travel or registration request is for professional development/conference/workshop, describe how the information/knowledge/experience gained will be presented to interested parties and what the intended results will be.

9-v. How does this project connect with the Region 12 Regional Advisory Council and/or the NWCCOG-Alpine Area Agency on Aging efforts.

9-vi. Provide budget information on the Cost of the Applicant Project and funding sources:

List the Primary Project Costs requested from Mini-Grant funds and	\$ Amount
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	
Total Mini-Grant Project Funds Cost	\$

Local Cash Match Provided towards Cost of Project	\$
Value of Local In-Kind Match Provided towards Cost of Project	\$

Total Cost of Project=	\$
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