AGENCY ON AGING AREA 4

DON NOTTOLI PROJECT-
AGE-FRIENDLY COMMUNITY INITATIVE GRANT APPLICATION
Revised 4/1/2024

ORGANIZATION INFORMATION

1. Name of Applicant Organization:

    Legal Name of Applicant Organization:
    (If your organization's legal name is different from above)

2. Organization Mailing Address

    Address:

    City: State: Zip code:

3. Organization Contact

    Name: Title:

    Email: Phone:

4. Organization Tax/Corporate Status: Other:

5. Organization Federal Tax Identification Number:

6. Organization Website:

7. How did you hear about this grant opportunity? Check all that apply.

    ☐ AAA4 e-newsletter

    ☐ A local event or newsletter

    ☐ Word of mouth

    ☐ Social Media

    ☐ A grant finder tool

    ☐ Internet search

    ☐ State or local government entity

    ☐ Other:

COMMUNITY DETAILS

8. Project Type (check all that apply):

   New, innovative Programming or services

   Temporary demonstrations that lead to long-term change

   Permanent physical improvements in the community

9. Specific Community/Area where this project will be delivered? (This can include a single place or multiple places within the County of Sacramento.)

10. Check all that apply. Would you describe this Community/Area as:

    Rural

    Suburban

    Urban

11. Primary Project Category:
    Please select the main category that aligns most closely with your primary goal.

    Create vibrant public places in the community through solutions to improve open spaces, parks and/or access to other amenities for residents.

    Deliver a range of transportation and mobility options for residents though solutions that increase connectivity, walkability, bike-ability and/or access to public and private transit.

    Focus on diversity, equity and inclusion while improving the built and/or social environment of a community for all ages.

    Increasing digital connections by expanding high-speed internet access and/or enhancing digital navigation skills of residents.

    Supporting community resilience to improve disaster management, disaster preparedness and/or disaster mitigation for residents.

    Improving community health or economic empowerment to support residents' financial well-being and/or improve health outcomes.

12. Project Description. Please provide an overall description of your project in 3,000 characters or less (including spaces). The description should include an explanation of how your project will benefit the community, particularly with regard to people 60+ years of age and/or adults with disabilities (age 18+).

13. Social Impact Goals.
Which of the following social impact goals best describes your project?
Check all that apply.

☐ Increasing social connections between older adults and/or adults with disabilities other residents of the community.

☐ Improving the health and wellness of older adults and/or adults with disabilities.

☐ Improving economic conditions for older adults and/or adults with disabilities.

☐ Increasing ways older adults and/or adults with disabilities safely move around the community.

☐ Strengthening connections between government and older adults and/or adults with disabilities, leading to improved community relations.

☐ Making the community more inclusive by meeting the needs of diverse older adults and/or adults with disabilities.

14. Provide a brief project timeline using the boxes below. If no activity is planned, simply type N/A. (350 characters per row or less including spaces)

Example: July 2024 – Recruiting volunteers for the project.

July 2024	
August 2024	
September 2024	
October 2024	
November 2024	
December 2024	
January 2025	
February 2025	
March 2025	
April 2025	
May 2025	
June 2025	

15. Project Milestones.

Milestone: An action or event marking a significant change or stage in development.

Please establish a minimum of two (2) milestones for your project (300 characters or less per row). Milestones should be listed in the order they will be completed. If more milestones are needed, please attach an additional document to the application.

Note: Funding will be disbursed following receipt of documentation verifying completion of each milestone.

Milestone	Funding Amount(s)/Associated Budget Items	Anticipated Completion Date
Example: Hiring personnel	*Hire consultant ($20,000)*	*4/1/2024*
#1		
#2		
#3		
#4		
#5		
Total Funding Amount:		

PROJECT NARRATIVE

Please complete each section with 2,500 characters or less (including spaces).

16. Project Outcomes

What outcome(s) do you hope the project will achieve? *(Select up to 3.)*

Commitment of additional funds by ***private*** or ***public*** (including nonprofit) sources

Demonstrate key concepts to build support for larger efforts.

Spur replication in other parts of the county.

Bring new partners to the effort.

Increased awareness of the effort within the community.

Increased engagement by community members.

Other:

17. Community Engagement

Please describe: 1) How residents and local organizations have been engaged in similar efforts and 2) How you will involve them as you execute this project.

18. Role of Volunteers

If volunteers will be utilized, please describe their role. If not, enter N/A.

19. Veterans and Military Families. Please describe if the project has an emphasis on veterans.

20. Diversity, Inclusion and Equity.
Please select multicultural population(s) from the choices below and describe how the project will focus on, impact, or benefit them. Also describe how this project will improve or address disparities experienced in the community.
Select all that applies.

☐ African American/Black
☐ Hispanic/Latino
☐ Asian American/Pacific Islander
☐ Native American
☐ LGBTQ+
☐ Other Not Listed Above:
☐ None

21. In 400 characters or fewer, provide a brief synopsis of your entire proposal, including a few words about your organization, about the project you wish to offer, and why you should be awarded funds. (The summary is not rated; it will be provided to AAA4's governing board members prior to their funding decision.)

22. Program Budget

Instructions: Enter whole numbers only. Don't add any commas to the amounts.

AAA4 Funds Requested (A)	Program Match	Program Non-Match*	Total Program Resources (D)
	Cash (B)	In-Kind (C)	
$	$	$	$

AAA4 Funds Requested (Column A) is fixed at **$22,500**

Program Match – Cash (Column B) must equal **$2,500**

*Program Non-Match – In-Kind (Column C), also known as over-match, are additional in-kind services an applicant intends to contribute to the program. In-Kind services must be accounted for equally as both resources and costs. The fair market value of In-Kind services and supplies must be used. The value of donated goods and services is not reimbursable either as a direct or an indirect cost.

Total Program Resources (Column D) must be greater than or equal to **$25,000**

The total amount of your funding request should match the total amount requested in your milestones (Question #16). *Request for receiving funds in advance before milestones are completed will not be allowed.*

Cost Categories	Amount	Explanation of how funds will be used
Personnel – Paid & In-Kind	$	
Other Costs	$	
Nutrition/Food	$	
Indirect Costs	$	
Total Program Costs (E)	$	**Total Program Costs (Row E) must = Total Program Resources (Column D).**