

COA **Service Incentive Grant**: ATTACHMENT A -- FY2012

Executive Office of Elder Affairs, 1 Ashburton Place, Boston, MA 02108-1518

\_\_\_\_\_  
PRINT -- Name of (Lead) Council

\$ \_\_\_\_\_  
(Amount Requested)

\_\_\_\_\_  
(Mailing Address)  
community/ies)

\_\_\_\_\_  
(Total # of elders in

\_\_\_\_\_  
(Director -- or Chair, if no staff)

( ) \_\_\_\_\_  
(Daytime Telephone)

\_\_\_\_\_  
(e-mail address)

\_\_\_\_\_  
(Additional Applicant Communities, if a Consortium)

Is this a multiple year request? ( ) No; ( ) Yes \_\_\_\_\_

A. Funding category requested: \_\_\_\_\_ (see announcement)

B. Please *summarize* your request, noting the major goal/s (purpose/s) and targeted priorities of your proposal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Clearly label/name attachments.)

C. How was this need determined? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Note **measurable** outcomes, grant money use, unduplicated counts and units of service for each Objective. Cite **Obj. #s** in the appropriate column/line item on **Att. B**.

<p><b>Obj. #1 (measurable outcome)</b></p>   <p><i>Grant money use:</i></p>	<p>unduplicated count:</p>   <p>units of service:</p>
<p><b>Obj. #2 (measurable outcome)</b></p>   <p><i>Grant money use:</i></p>	<p>unduplicated count:</p>   <p>units of service:</p>
<p><b>Obj. #3 (measurable outcome)</b></p>   <p><i>Grant money use:</i></p>	<p>unduplicated count:</p>   <p>units of service:</p>
<p><b>Obj. #4 (measurable outcome)</b></p>   <p><i>Grant money use:</i></p>	<p>unduplicated count:</p>   <p>units of service:</p>
<p><b>Obj. #5 (measurable outcome)</b></p>   <p><i>Grant money use:</i></p>	<p>unduplicated count:</p>   <p>units of service:</p>

→ Attach job description/s and contract/s, as applicable. See "General Funding Considerations."

**E.** Note other agencies, particularly ASAPs, participating in this program initiative. As applicable, provide a (sample) Memorandum of Understanding (or note if **not** applicable).

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**F.** How will you continue this program after June 30, 2012? If you anticipate seeking Service Incentive monies in FY2013, complete the appropriate **Att. B** budget(s).

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**Applicant Signatures:**

The persons whose signatures appear below are authorized to commit the applicant to this application for state grant funding and agree to its submission to Elder Affairs. Grants to associations of Councils on Aging may be limited by legislative language.

\_\_\_\_\_ (x) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)  
(PRINT) Director/Coordinator

\_\_\_\_\_ (x) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)  
(PRINT) Chairperson

\_\_\_\_\_ (x) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)  
(PRINT) Chair, Board of Selectmen;  
Town Administrator; Town Manager;  
Executive Secretary; Mayor

**CHECKLIST : Please check as completed:**

Attachments A and B	_____	<u>Original</u> plus 1 copy
job description(s),	_____	<u>Original</u> plus 1 copy