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| **Northeastern Illinois Area Agency on Aging**  **FFY2020 Older Americans Act Services**  **Application for Grant Assistance** | | |
| **Agency Completed Section** | | |
| 1. | Type of Submission | Pre-application  Application  Changed/Corrected Application |
| 2. | Type of Application | New  Continuation (i.e. multiple year grant)  Revision (modification to initial application) |
| 3. | Date/Time Received by State | Completed by Area Agency on Aging upon Receipt of Application |
| 4. | Name of Awarding Area Agency on Aging | Northeastern Illinois Area Agency on Aging |
| Catalog of Federal Domestic Assistance (CFDA) Not Applicable (No federal funding) | | |
| 5. | CFDA Number &Title | 93.044 Title III-B Supportive Services |
| 6. | CFDA Number &Title | 93.043 Title III-D Health Promotion Services |
| 7. | CFDA Number &Title | 93.052 Title III-E National Family Caregiver Support Program |
| 8. | CFDA Number &Title | 93.041 Title VII elder Abuse & 93.042 Title VII Ombudsman |
| 9. | CFDA Number &Title | 93.045 Title III-C1 Congregate and Title III-C2 Home-Delivered Meals & 93.053 Nutrition Services Incentive Program (NSIP) |

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| **Applicant Information** | | |
| 10. | Legal Name |  |
| 11. | Common Name (DBA) |  |
| 12. | Employer/Taxpayer Identification Number (EIN, TIN) |  |
| 13. | Organizational DUNS number |  |
| 14. | SAM Cage Code |  |
| 15. | Business Address |  |
| **Applicant’s Organizational Unit – Responsible for Service Delivery** | | |
| 16. | Department Name |  |
| 17. | Division Name |  |
| **Staff to be Contacted for Program Operations** | | |
| 18. | First Name |  |
| 19. | Last Name |  |
| 20. | Suffix |  |
| 21. | Title |  |
| 22. | Organizational Affiliation |  |
| 23. | Telephone Number |  |
| 24. | Fax Number |  |
| 25. | Email Address |  |
| **Staff to be Contacted for *Business/Administrative Office/Operations* involving this Application** | | |
| 26. | First Name |  |
| 27. | Last Name |  |
| 28. | Suffix |  |
| 29. | Title |  |
| 30. | Organizational Affiliation |  |
| 31. | Telephone Number |  |
| 32. | Fax Number |  |
| 33. | Email address |  |
| **Proposed Service Areas – List by County by Service** | | |
| 34. |  |  |
| 35. |  |  |
| 36. |  |  |
| **Authorized Representative** | | |
| 37. | First Name |  |
| 38. | Last Name |  |
| 39. | Suffix |  |
| 40. | Title |  |
| 41. | Telephone Number |  |
| 42. | Fax Number |  |
| 43. | Email Address |  |
| 44. | Signature of Authorized Representative |  |
| 45. | Date Signed |  |