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**Age-Friendly Go Local  
Application and Budget Form**

Please respond to the following questions. Proposals should ­­­be approximately 3-6 pages in length. **If you anticipate difficulty completing a written proposal, please contact us to discuss accessibility options at** [**GoLocal@nyam.org**](mailto:GoLocal@nyam.org)**.**

YOUR PROJECT/PROGRAM

1. What is the health or livability issue impacting older adults that your project seeks to address?
2. Which of the Eight Domains of Livability does your project address?
3. Please provide a brief summary of your project.
4. How will your project improve the lives of older adults?
5. Tell us about who will benefit from this project. Please include the demographic characteristics of the people your project intends to serve. This includes characteristics such as socio-economic status; race/ethnicity; immigrant status; language; sexual/gender identity; and/or rural vs. urban status.
6. What are the goals of your project?
7. Please provide a timeline of the key activities associated with this program or project.
8. How will you involve older adults and other community members in the planning and implementation of this work?

ORGANIZATION

1. What organization will be leading this work? Please provide a brief description of the organization including mission, staff size, volunteer size and a general description of services/programs offered and population(s) served.
2. If you will be partnering with other organizations on this project, please list them.
3. Please also list other organizations partnering on this project, if identified.
4. Is the lead organization a registered 501(c)3 nonprofit organization? If not, what organization will serve as the fiscal agent for this project? Please indicate if you would like us to connect you with a 501(c)3 nonprofit organization.

BUDGET

1. What is the amount of funding you are requesting?
2. Please complete the attached budget explanation (next page) to show how requested funds will be used.

**BUDGET FORM**

**Organization name:**

**County or counties served in this project:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budgeted Amount** | **Budget Explanation** | **Comments** |
| PERSONNEL |  |  |  |
| Example | $XXX.XXX | Please use this space to describe how the personnel will contribute to the project. | If you would like to provide some additional information, please use this space. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Personnel |  |  |  |
|  |  |  |  |
| NON-PERSONNEL |  |  |  |
| Example | $XXX | Please use this space to describe how the cost item will contribute to the project. | If you would like to provide some additional information, please use this space. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Office Supplies |  |  |  |
| Miscellaneous |  |  |  |
| Total Non-Personnel |  |  |  |
|  |  |  |  |
| INDIRECT COST (maximum 10% of budget) |  |  |  |
|  |  |  |  |
| TOTAL REQUESTED BUDGET |  |  |  |