

## New Jersey Foundation For Aging RFP Cover Sheet

**Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Contact Person (name/title):** \_\_\_\_\_

**Contact Information:** Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**NJ Charities Registration #:** \_\_\_\_\_ **IRS Tax #:** \_\_\_\_\_

### Project Title and Description (limit 200 words):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Duration of Project:** \_\_\_\_\_ months

**Grant Amt. Requested:\*** \_\_\_\_\_

| <b><u>Complete only the shaded boxes for application</u></b>                    | <b>Proposed</b> | <b>Mid Yr. 1</b> | <b>End Yr. 1</b> | <b>Mid Yr. 2</b> | <b>Final</b> |
|---|-----------------|------------------|------------------|------------------|--------------|
|   |                 | 20____           | 20____           | 20____           | 20____       |
| Number of Seniors Served  | _____           |                  |                  |                  |              |
| Number of Volunteers  | _____           |                  |                  |                  |              |
| <ul style="list-style-type: none"> <li>• School age</li> <li>• Adult</li> </ul> | _____           |                  |                  |                  |              |
| Number of hours or units of service to seniors or their caregivers              | _____           |                  |                  |                  |              |
| NJFA Funds Requested*   | \$ _____        |                  |                  |                  |              |
| <b>CHALLENGE FUNDING**</b>  | <b>source</b>   |                  |                  | <b>Cash</b>      |              |
|   |                 |                  |                  |                  |              |
|   |                 |                  |                  |                  |              |
|   |                 |                  |                  |                  |              |

**Signature of Agency Representative/Project Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*The maximum request that will be considered is \$40,000 from NJFA that may be spent over a 12-18 month period\*.*

*\*\* A challenge funding of 50 % cash is required and its sources must be identified on this form.*