

\*Committee for the Future of Aging  
Mini-Grant Application

ORGANIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

AMOUNT REQUESTED:

1. Briefly describe the program/service/project, and the need it addresses.
2. How will your organization follow through on this program?
3. Provide a budget for the program. Please explain the lines items.
4. How successful have you been in the past with similar programs?
5. How do you plan to measure the program's success?
6. Is your organization a 501 (C) 3 non-profit?
7. When do you plan for this program to be completed?

APPLICATION MUST BE SUBMITTED BY CLOSE OF BUSINESS ON: **July 8, 2019.**

Please submit application to:

Central Massachusetts Agency on Aging, Inc. 360 West Boylston Street, West Boylston, MA 01583  
Attn: Vanessa Ramos

*\*The Committee for the Future of Aging is an affiliate of Central Massachusetts Agency on Aging, Inc. The Committee reserves the right to accept or reject applications based upon their merits and/or the availability of funding. Funds raised in cooperation with Worcester County Deputy Sheriff's Association.*