**AOASCC**

  117 Washington Ave, Suite 17 North Haven, CT 06473. (203) 785-8533

Focal Point Application

A logo for a legal company

AI-generated content may be incorrect.

**Name of Applicant Organization**:Click or tap here to enter text.

**Address** (if physical location and mailing address are different, please provide both and differentiate the preferred contact information with an asterisk(\*)

Click or tap here to enter text.

**Telephone**: Click or tap here to enter text.  **Fax:** Click or tap here to enter text.

**Website:** Click or tap here to enter text. **E-Mail**: Click or tap here to enter text.

**Preferred Contact Name & Number**: Click or tap here to enter text.

**Type of Organization (Check all applicable**):

Senior Center Municipal Elderly Services Dept.

Private/Non-Profit Community Center

Public/Municipal Agency Community Action Agency

Residential Facility Other (Please Specify):

**Towns/Geographic Area Served**: Click or tap here to enter text.

1. Date of last Fire Department inspection of facility: Click or tap here to enter text.
2. Date of the last Public Health Department inspection: Click or tap here to enter text.
3. Is the facility in compliance with the Americans with Disabilities Act:  **YES  NO**
4. The organization is open  days per week hours per day, for a total of hours per week.

1. **Participation Information**:
   1. How many unduplicated older adults did the organization serve in the most recently completed fiscal year?
   2. Of the unduplicated older adults served, how many were low income?

C. What is the average daily number of older adults served?

1. Does the organization have a Board of Directors and/or organizational committees that meet regularly and have older adult members who assist in program planning, policy creation and/or the development of services for older adults in the community?  **YES  NO**

*\*If yes, please list group/committee(s).*

1. Please check if your organization provides any of the following services:

* **Information and Referral: YES  NO**
* **Meals and Nutrition: YES  NO**
* **Health Fitness and Wellness Programs: YES  NO**
* **Transportation Services: YES  NO**
* **Public Benefits Counseling: YES  NO**
* **Employment Assistance: YES  NO**
* **Social and Recreational Programs: YES  NO**
* **Education and Art Programs: YES  NO**
* **Volunteer Engagement Opportunities: YES  NO**

1. Please discuss the volunteer opportunities provided by your organization. How many older adult volunteers assist in the organization’s operations and programming?

Click or tap here to enter text.

**Please submit your completed application to:** [**Mbuontempo@aoascc.org**](mailto:Mbuontempo@aoascc.org) **and** [**Grants@aoascc.org**](mailto:Grants@aoascc.org)