**AOASCC**

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

Focal Point Application



**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** **and** **Grants@aoascc.org**