Application Instructions

SECTION I. APPLICANT INFORMATION

A. Name of community/county/entity applying for CENA funds and the county in which they are located. (Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray, Pontotoc)

B. Name of your contact person and the sites county district number it is located in. (#1, #2, #3)

C. Mailing address, phone number, and email of site.

D. Physical address of site if different from C.

E. The FEIN (Federal Employer Identification Number) of the applicant.

F. Name of Board President and their information.

G. Reimbursement contact person and their information.

H. Population of entity that is 60+

I. Total Funding Budget available for the operational year without CENA funding.

J. What is the OK Senator & House District of the project location? **Pick one item from the drop-down list**

K. What is the US Senator & House District of the project location? **Pick one item from the drop-down list**

L. **Pick one item from the drop-down list** (Daily, Weekly, Monthly, Annually) if weekly # days per week, if monthly # of days per week, if annually # of days

M. Give the total number of meals served per year. Enter a number for meals served on site and for meals served as carry out, including only meals for persons 60 and over. Complete the table with the hours of operation for each day and the time the meal is served for each day

N. **Pick one item from the drop-down list** (Daily, Weekly, Monthly, Annually) # of days per year available. Complete the table with the social activities that are available by listing the activity, the day/week this activity is available and the hours this activity is available.

O. Insurance carried by the entity for the site. **Pick one item from the drop-down list** (General Liability, Building, Contents, All, GL/Bldg, GL/Content, Bldg/Contents)

P. **Pick one item from drop down list** (Yes, No)

Q. Tell us what was applied for if you answered yes to Q.

R. Pick one item from the drop-down list (Yes, No). Enter the location of the CENA training attended.

S. Pick one item from the drop-down list (Yes, No).

SECTION II. PROJECT INFORMATION

A. A complete explanation of the purpose of the funds requested. **Each project description must be specific enough that it can be audited by SODA AAA**

B. What is the total grant amount you are applying for? CENA amounts may change each year.

C. Total other Fundraising/Grants (type and amount). This will be for any other fundraising or grants used towards funding site.

D. Local Effort (type and amount). This can include other funding from meal charges to under 60, city, county support towards funding the site.

E. The project cost. This is the amount of the grant request, plus other fundraising/grant, plus local effort (E+F+G=H). **The computer will total this for you, and it must match the project budget you submit**.

SECTION III. PROJECT IMPACT

A. Must clearly be demonstrated that the project will have a significant impact on the nutritional and physiological well-being of your community/county. It is absolutely essential that you make the project narrative concise and understandable as to what you want to accomplish.

B. Must clearly explain how the public in your area knows of your hours, services and more.