



Connecting Older Adults with Community-based Resources and Options

REGISTRATION FOR
REQUESTS FOR PROPOSALS FOR
PROVISION OF SERVICES
UNDER TITLE III-B, III-C, III-D AND III-E OF
THE OLDER AMERICANS ACT
AND GENERAL REVENUE FUNDS FROM THE STATE OF ILLINOIS

I. A. NAME OF AGENCY: CONTACT PERSON FOR FUNDING
NOTICES (IF DIFFERENT FROM
DIRECTOR)

ADDRESS:

E-MAIL:

ZIP _____

B. AGENCY FEDERAL EMPLOYER

PHONE:

ID NUMBER _____

() _____

___ PUBLIC AGENCY

FAX:

___ PRIVATE NOT-FOR-PROFIT

() _____

___ PRIVATE FOR-PROFIT

DIRECTOR:

___ MINORITY OPERATED

___ OTHER _____

By signing this registration for Requests for Proposals, I agree that I am a duly authorized representative of my Agency, have read the registration instructions and agree that all information in this registration is true to the best of my knowledge. I agree to submit to the Area Agency any revisions to this registration if an application for funding to the Area Agency is made.

Signature of Individual Authorized to Commit
Applicant Agency to this Agreement.

NAME _____
TITLE _____
DATE _____

The Area Agency on Aging of Suburban Cook County, since 1974

- III. ATTACHMENTS - Please submit the following information with this registration form.
- A. Organizational chart for agency, showing lines of authority and relationships among organizational units.
 - B. Agency's bylaws.
 - C. Agency's incorporation paper and tax status.
 - D. Agency's last yearly audit.
 - E. Agency's personnel policy.
 - F. Agency's affirmative action plan.
 - G. Listing of current Agency's Board of Directors and Advisory Council Members. Please asterisk (*) all 60+ members.
 - H. Most recent fiscal and compliance audit. (If different from D.)