

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
of my Agency, have read the registration instruction	isals, I agree that I am a duly authorized representative ons and agree that all information in this registration is it to the Area Agency any revisions to this registration made.
	NAME
Signature of Individual Authorized to Commit Applicant Agency to this Agreement.	TITLE
Applicant Agency to this Agreement.	DATE

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

II.	AGEI	NCY INFORMATION (if needed, use additional space to answer any questions) Briefly describe your Agency's services and programs, target population, and identify senior citizen services your Agency provides and/or plans on providing.
	В.	Describe the geographical service area for your Agency, including variations for specific programs/services.
	C.	Describe your Agency's experience in receiving federal or state funds. Provide dates of awards, contact individuals at awarding agencies and references for your performance of responsibilities and accountability.
	D.	What is your primary source of funding for your agency (and senior citizen program)?

- 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.)