

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
DEPARTMENT OF ELDERLY AFFAIRS

NARRATIVE GRANT PROPOSAL

AGENCY INFORMATION

NAME OF GRANTEE AGENCY:
FEDERAL EMPLOYER ID #: _____
ADDRESS: _____
CITY/TOWN: _____ ZIP CODE: _____
PHONE NUMBER: _____
EXECUTIVE DIRECTOR OR AUTHORIZED AGENT: _____
CONTRACT PERIOD: From: _____ To: _____

PROPOSAL SUMMARY

PLEASE INDICATE THE NEED, PURPOSE, AND OBJECTIVE(S) OF THE GRANT. ALSO INDICATE THOSE WHO WILL BE SERVED. (ATTACH ADDITIONAL PAGES IF NEEDED)

TOTAL FUNDS APPROPRIATED: _____

SIGNATURE OF AUTHORIZED AGENT DATE: _____

I, THE ABOVE-SIGNED, HAVE REVIEWED THIS GRANT PROPOSAL AND CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

RELEASE OF FUNDS INSTRUCTIONS

For all grants, all State Departments must receive a written application from the grant recipient prior to the release of funds. The application must include a description of the organization receiving the funds, a list of all board members and officers, and appropriate contact information for its principal officer. The application must include a description of the intended use of the funds, a description of the program goals and objectives (e.g, number of persons served) and a budget and budget justification (use the attached budget form). If the funds are to be used for personnel costs, the title of the position and hourly rate of pay must be disclosed. At the conclusion of the contract period, a final report must be submitted outlining the agency's results in achieving the goals and objectives established in the application. All of this information will be subject to public disclosure.