

| Approval Process |      |
|------------------|------|
| <u>Match</u>     |      |
| Tracking Number  | 8753 |

| Request Origination |                     |  |
|---------------------|---------------------|--|
| Department          | Parks & Recreation  |  |
| Division            | Smith Senior Center |  |
| Submitted By        | Jennie Matkins      |  |
| Phone               | 3737566             |  |

| Application Summary                     |   |  |  |
|---|---|--|--|
| Grant/Project Name                      | 2014-2015 Smith Senior Center General Purpose Grant   |  |  |
| Brief Project Summary                   | The Piedmont Triad Regional Council receives funding from the Federal Older Americans Act (OAA) and the State of NC. The Pai and Recreation Department's Senior Services Unit utilizes these funds to support Smith Senior Center. The grant will provide funding for print cost of the Senior Games registration forms and advertising on the local billboard. |  |  |
| Grantor                                 | Piedmont Triad Regional Council Area Agency on Aging  |  |  |
| Goals, Strategies, Objectives supported | To seek and partner with outside organizations to maximize humand financial resources and maintain viability through partnership grants, and volunteer efforts  |  |  |
| Application Amount                      | \$5,191.00  |  |  |
| Application Due Date                    | 9/30/2014   |  |  |
| Application Submission Date             | 9/30/2014   |  |  |
| Grant Year                              | 2015  |  |  |
| Funding Cycle                           | 2014-2015   |  |  |
| New?                                    | □ Yes • No  |  |  |
| Recurring?                              | ♥ Yes ® No  |  |  |
| If recurring, how many years?           | 13  |  |  |
| Applicant's Role                        | Project Administrator   |  |  |

|  |   | _                                     |  |                  |                                       |  |
|--|---|---------------------------------------|--|------------------|---------------------------------------|--|
| New?   |   |                                       |  |                  |                                       |  |
| Recurring?   |   |                                       |  |                  |                                       |  |
| If recurring, how many years? 13   |   | 13                                    |  |                  |                                       |  |
| Applicant's Role   |   | Project                               | Administrator  | ſ                |                                       |  |
|  | <del></del>                                 |                                       |  |                  |                                       |  |
| Eligible Activities  | Cost  | st                                    |  | Descript         | ion                                   |  |
| Personnel  |   |                                       |  |                  |                                       |  |
| Contracted Services  |   |                                       |  |                  |                                       |  |
| Travel   |   |                                       |  |                  |                                       |  |
| Supplies/Operating<br>Expenses   | \$5,19                                      | \$5,191.00                            |  | Printing S       | enior Games registration forms & bill |  |
| Equipment  |   |                                       |  |                  |                                       |  |
| Other (Describe)   | Cost  |                                       |  | Description      | on                                    |  |
|  |   |                                       |  |                  |                                       |  |
| Total Project  | \$5,19                                      | 91                                    |  |                  |                                       |  |
| Deguired Metab Ele   |   |                                       | Value  | Descript         | lon                                   |  |
| Required Match Ele   |   | · · · · · · · · · · · · · · · · · · · | Value  | Descript         | Description                           |  |
| Cash (Describe Source  |   |                                       |  |                  | 0.04.5007                             |  |
| Cash Match Source Account Numb (If Known)  |   | umber                                 | 1298.00  | 101-504          | 6-01.5237                             |  |
| In Kind (Describe)   |   |                                       |  |                  |                                       |  |
| Other (Describe)   |   |                                       | Value  | Description      | on                                    |  |
|  |   |                                       |  |                  |                                       |  |
| Total Match Value  |   |                                       | \$0  |                  |                                       |  |
| Project Funding Inf  | ormatic                                     | on (Inc                               | ludes Matc   | h)               |                                       |  |
| Federal Amount   |   |                                       |  | /                | ]                                     |  |
| State Amount   |   | -                                     |  |                  | ]                                     |  |
| Local Amount   |   | \$1,                                  | \$1,298  |                  |                                       |  |
| Private Contributions Ar   | nount                                       |                                       | <u> </u>   |                  |                                       |  |
| Cash Award Amount  |   |                                       |  |                  |                                       |  |
| Total Funding  |   | \$5.                                  | \$5.191  |                  |                                       |  |
| Reimbursement (Yes/No)   |   | (3)                                   | Yes  No  |                  |                                       |  |
| If reimbursement grant, fund availability.   | eimbursement grant, explain d availability. |                                       | nds are availat  | ole within the S | mith Senior Center operating budget   |  |
| How will the program be funded after the grant expires?                                |   | Fur                                   | Funding will be provided by the Smith Senior Center operating budget |                  |                                       |  |
| List of any other departments within the City of Greensboro eligible for this funding. |   |                                       |  |                  |                                       |  |

| If reimbursement grant, explain fund availability.                                     | Funds are av   | ailable within the Smith Senior Center operating budget |
|--|----------------|---|
| How will the program be funded after the grant expires?                                | Funding will I | be provided by the Smith Senior Center operating budget |
| List of any other departments within the City of Greensboro eligible for this funding. |                |   |
| Description of Department C  | ollaboration   | าร  |
| Department   |                | Description   |
|  |                |   |
| Description of Other Collabo   | rations        |   |
| Regional Governments   | X              |   |
| State Agencies   |                |   |
| Federal Agencies   |                |   |
| Other Community Partners   |                |   |
| Other  |                |   |
|  |                |   |
| Result Area Work Plan  |                |   |
| Economic and Community Develop   | ment           |   |
| Infrastructure   |                |   |
| Public Safety  |                |   |
| Culture, Recreation and Community Character  |                | X   |
| General Government   |                |   |
| Department Area Work Plan  |                |   |
| Economic and Community Develop   | ment           |   |
| Infrastructure   |                |   |
| Public Safety  |                |   |
| Culture, Recreation and Community  | / Character    | x   |
| General Government   |                |   |

| Infrastructure  |                                |   |  |  |
|---|--------------------------------|---|--|--|
| Public Safety   |                                |   |  |  |
|   |                                | X   |  |  |
| General Government  |                                |   |  |  |
|   |                                |   |  |  |
| Target Areas  |                                |   |  |  |
| Council District(s)   | ☑ District 1 ☑ District 2      | ☑ District 3 ☑ District 4 ☑ District 5                |  |  |
| Police District(s)  | ☑ District 1 ☑ District 2      | ☑ District 3 ☑ District 4 ☑ District 5                |  |  |
| Other Area(s) Guilford County residents may utilize the facility  |                                |   |  |  |
|   |                                |   |  |  |
| Program/Project S   | Staffing                       |   |  |  |
| Number of Current Sta   | aff                            |   |  |  |
| Number of Hours/Curr  | ent Staff                      |   |  |  |
| Describe Current Staff  | f Position(s)/Role(s)          |   |  |  |
| Personnel to Hire Additional Staff  |                                | <ul><li>Yes</li><li>No</li></ul>                      |  |  |
| Number of Additional  | Staff Needed                   | 0.00  |  |  |
| Number of Hours for A   | Additional Staff               | 0   |  |  |
| Describe Additional S   | taff Position(s)/Role(s)       | n/a   |  |  |
| Total full time equivalent jobs created with this project is estimated at:  |                                |   |  |  |
| Impact  |                                |   |  |  |
| Will this project duplic or other local agency?   |                                | service or program provided by the City of Greensboro |  |  |
| © Yes ● No  |                                |   |  |  |
| How will this program/  | project benefit the City as an | organization?   |  |  |
| The project leverages funding to offset the costs of printing and advertising. The Parks and Recreation Department has received funding from this source for the past 13 years. |                                |   |  |  |
| How will this program/project benefit the City as a region?   |                                |   |  |  |
| The project will promote health and wellness opportunities for citizens ages 50 and over.   |                                |   |  |  |
| Department Director's Signature Authorization to Proceed  |                                |   |  |  |
| Name (printed)  | Wade Walcutt                   |   |  |  |
| Signature   |                                |   |  |  |
| Date  |                                |   |  |  |
| ı   | ı                              | ı   |  |  |

Economic and Community Development

| Department Director's Signature Authorization to Proceed |              |  |
|--|--------------|--|
| Name (printed)   | Wade Walcutt |  |
| Signature  |              |  |
| Date   |              |  |