



**SENIOR CENTER GENERAL PURPOSE
REQUEST FOR PROPOSAL FY 16-17**

Please Note: Funding may be used to support and develop programming and general operations or to construct, renovate, or maintain senior center facilities.

1. Senior Center name and address to receive funding:
Mabel D. Smith Senior Center
2401 Fairview St.
Greensboro, NC 27405
(If receive funding for more than one Senior Center, an individual program description and budget is required for each.)
2. Tax ID # 56-60000-230
3. Type of agency:
 - Non-profit
 - Public
4. Amount of state funding (please complete budget) \$10,878
5. County served by Senior Center: Guilford
6. Indicate coordination with other agencies serving older adults, including other Senior Centers within the county:
Senior Resources of Guilford –Greensboro Senior Center
7. Describe the following:
 - a) Use of funding: The funding will be used to pay for the installation of new carpet in the lounge and staff offices, and new rubber flooring in the fitness room; installation of a new sidewalk next to the building; purchase advertising in Four Seasons Town Centre; and purchase a new loveseat for the lounge.
 - b) Expected outcomes of Senior Center General Purpose Funding: The funding will allow us to make improvements to the lounge and fitness room floors that are attractive, safe and low maintenance. A new sidewalk will allow us to provide safe access to the bocce courts and picnic areas at the rear of the building. Advertising in Four Seasons Town Centre will help us reach seniors, or their family members, who may not know about the senior center. A new loveseat in the lounge will help us to keep the room looking attractive and inviting for our seniors to use.
 - c) Indicate the number of seniors to be served with additional use of Senior Center General Purpose Funding. 5,000
 - d) What percent of minority population will be served through the Senior Center?
30%
 - e) Senior Center Contact:
Name: Jennie Matkins
Title: Senior Services Coordinator
Phone: 336-373-7566 Fax: 336-373-7568
Email: jennie.matkins@greensboro-nc.gov

ASSURANCES

Mabel D. Smith Senior Center (hereinafter referred to as "Subgrantee") HEREBY AGREES THAT it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; and (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps.

Signature and Title of Authorized Official
[e.g., Director, Board Chairman]

Date

**SENIOR CENTER GENERAL PURPOSE FUNDING BUDGET REQUEST
FY 2016-2017**

Name & Address of Grantee: Mabel D. Smith Senior Center
2401 Fairview St.
Greensboro, NC 27405

Expense Categories	Budget
Personnel (itemize on page 3)	
Travel (itemize on page 3)	
Utilities (itemize on page 3)	
Equipment (itemize on page 3)	
Maintenance (itemize on page 3)	14,233.00
Other (itemize on page 3)	271.00
TOTAL EXPENSES	14,504.00
State Allocation 75%	10,878.00
Local Match 25%	3,626.00

CERTIFICATE OF REQUIRED LOCAL MATCH AVAILABILITY & OTHER RESOURCES

1. **Cash Match** (itemize by source):

- | | |
|-----------------------|-------------|
| a) City of Greensboro | \$ 3,626.00 |
| b) | \$ |

2. **In-Kind Match** (itemize by source and description):

- | | |
|----|----|
| a) | \$ |
| b) | \$ |

It is the responsibility of the applicant to certify the availability of the local match. The funds require a 25% local match. It is understood that the required 25 percent non-federal match will be used to match Senior Center General Purpose funds in FY 16-17 and will not be used to match any other federal or state funds during the contract period.

The provider shall expend the award in keeping with the attached project description indicating how funding will be utilized. Funding will not be disbursed until this application is received and approved by the Area Agency on Aging. The contractor shall make a final report indicating how funding was utilized in a format provided by the Area Agency on Aging.

The provider certifies that matching funds are available and will be used for Senior Center General Purpose Funding activities.

Signature and Title of Authorized Official

[e.g., Director, Board Chairman]

Date

SENIOR CENTER GENERAL PURPOSE FUNDING EXPENSE DETAIL FY 16-17

Name & Address of Grantee: Mabel D. Smith Senior Center
 2401 Fairview St.
 Greensboro, NC 27405

Itemized Categories	Budget
Personnel by Name & Position:	
TOTAL	
Travel to include but not limited to:	
TOTAL	
Utilities to include but not limited to:	
TOTAL	
Equipment to include but not limited to:	
TOTAL	
Maintenance to include but not limited to: Carpet in the lounge and staff offices - \$5,363 Rubber flooring in the fitness room - \$5,110 Sidewalk - \$1,400 Ads in Four Seasons Town Centre - \$2,360	14,233.00
TOTAL	
Other to include: Loveseat	271.00
TOTAL	
TOTAL EXPENSES	14,504.00
State Allocation 75%	10,878.00
Local Match 25%	3,626.00

Each organization that receives, uses or expends any state funds shall use or expend the funds only for the purposes for which they were appropriated by the General Assembly or collected by the State. State funds include federal funds that flow through the state. If the contractor is a governmental entity, such entity is subject to the provisions of the requirements of NC General Statute 143C-6-22 and 23 and OMB Uniform Guidance CFR 2 Part 200, where applicable. If the Contractor is a non-governmental entity, such entity is subject to the provisions of G.S. 143-6.2. Additionally, any non-governmental entity except a for-profit corporation is subject to the requirements of OMB Uniform Guidance CFR 2 Part 200.

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____