



PIEDMONT TRIAD REGIONAL COUNCIL

AREA AGENCY ON AGING

SENIOR CENTER GENERAL PURPOSE REQUEST FOR PROPOSAL SFY 2017-18

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) \$10,939
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 purchase a treadmill and bike for the fitness room, 6-foot tables, storage lockers in the pool area, kiosk ads in Four Seasons Town Centre, and two ads in the Senior Living section of the News & Record.
 - b) Expected outcomes of Senior Center General Purpose Funding: The funding will allow us to replace two worn out pieces of equipment in the fitness room. Our attendance has increased and our equipment is wearing out very quickly. The amount of programs we offer require us to move tables and chairs between both activity rooms on a daily basis. We will be purchasing 10 new Mity Lite tables to replace some of our worn out tables. Our bathroom/shower area does not have lockers for participants to store their belongings while in the pool. We will be purchasing new storage lockers designed for pool areas to be installed on the pool deck which will provide safety and convenience for our participants. We will continue the kiosk ads in Four Seasons Town Centre to reach seniors, or their family members, whoh may not know about the senior center. We will also place two ads in the Senior Living section of the News & Record to promote the Greater Greensboro Senior Games to reach new participants.
 - 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.



Phil Fleischmann, Interim Parks & Recreation Director



Date

SENIOR CENTER GENERAL PURPOSE FUNDING BUDGET REQUEST

SFY 2017-18

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

Expense Categories	Budget
Personnel (narrative on page 3)	
Travel (narrative on page 3)	
Utilities (narrative on page 3)	
Equipment (narrative on page 3)	\$10,758
Maintenance (narrative on page 3)	
Other (narrative on page 3)	\$3,827
TOTAL EXPENSES	\$14,585
State Allocation 75%	\$10,939
Local Match 25%	\$3,646

CERTIFICATE OF REQUIRED LOCAL MATCH AVAILABILITY & OTHER RESOURCES

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

- | | | |
|----|--------------------|----------|
| a) | City of Greensboro | \$ 3,646 |
| b) | | \$ |

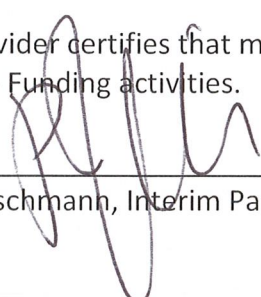
2. **In-Kind Match** (itemize by source and description):

- | | | |
|----|--|----|
| 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 SFY 2017-18 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.



Phil Fleischmann, Interim Parks & Recreation Director



Date

SENIOR CENTER GENERAL PURPOSE FUNDING EXPENSE DETAIL SFY 2017-18**Name & Address of Grantee:**

List Items or Explain Expenses Under Each Category
Personnel by Name & Position & Hourly rate:
Travel (Ex: Local, conference, other):
Utilities (Ex: electricity, cable, telephone, other):
Equipment (Ex: Computer, printer, other): Bike and treadmill - \$5,225 Mity Lite tables - \$2,039 Storage lockers - \$3,494
Maintenance (Ex: repairs, building upkeep, other):
Other (Ex: Supplies, classes, advertising, other): Advertising: Four Seasons Town Centre - \$2,950 News & Record - \$877

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: Interim Parks & Recreation DirectorDATE: 7/29/17