

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
DEPARTMENT OF ELDERLY AFFAIRS

NARRATIVE GRANT PROPOSAL

AGENCY INFORMATION

***FOR COMPLETION BY AGENCIES AWARDED A GRANT AMOUNT OF
LESS THAN \$20,000***

NAME OF GRANTEE AGENCY: _____

FEDERAL EMPLOYER ID #: _____

ADDRESS: _____

CITY/TOWN/ZIP CODE: _____

PHONE NUMBER: _____

EXECUTIVE DIR. OR AUTHORIZED AGENT: _____

CONTRACT PERIOD: **From:** _____ **To:** _____

PROPOSAL SUMMARY

PLEASE INDICATE THE **NEED**, **PURPOSE**, **OBJECTIVE(S)**, AND **INTENDED POPULATION(S) TO BE SERVED** WITH FUNDS FROM THIS GRANT AWARD.

TOTAL FUNDS APPROPRIATED: _____

SIGNATURE OF AUTH. AGENT/DATE: _____

I, THE ABOVE-SIGNED, HAVE REVIEWED THIS GRANT PROPOSAL AND CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE 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 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 forms). 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 or after full award expenditure (whichever comes first), a financial report (used enclosed financial report form) and program 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.