

California Department of Aging
 RFA: Local Aging and Disability Action Planning Grant Program
 Attachment B: Applicant Information Form (required with application)

Instructions: Complete #1-7.	
<i>See RFA Part Two, Section B Applicant's Information</i>	
1. Application Type (check "X" one):	
<input type="checkbox"/>	a. Single organization
<input type="checkbox"/>	b. Consortium of organizations
2. Eligibility Type (check "X" one):	
<input type="checkbox"/>	a. Represents a community that is in the initial planning stages of creating a local age-friendly plan but does not have a local age-friendly plan.
<input type="checkbox"/>	b. Represents a community that has conducted recent community assessments but does not have a local age-friendly plan.
3. Lead Applicant Organization. Use text boxes.	
Name:	
Address:	
URL/Website:	
4. Organization Type (e.g., local government and non-government organization; community-based, non-profit, and tribal organization; and established coalition). Use text box.	
5. Organization's mission and purpose. Use text box.	
6. Lead Project Contact. Use text boxes.	
Name:	
Title:	
Email Address:	
Phone Number:	
7. Lead Finance Contact. Use text boxes.	
Name:	
Title:	
Email Address:	
Phone Number:	