

**Sedgwick County Department on Aging
Cover Sheet and Funding Application Checklist**



Department on Aging

*Sedgwick County...
working for you*

APPLICANT ORGANIATION: _____

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

CONTACT PERSON: _____

TITLE: _____

Items Needed & Submission Instructions:	
Check or mark N/A	
	1. One copy of the Cover Sheet and Funding Application Checklist per program.
	2. Copy of Secretary of State's Certificate of Good Standing per agency.
	3. Copy of Certificate of Tax Clearance per agency.
	4. Copy of Organizational Chart per agency.
	5. Physically deliver eighteen (18) copies of the application to Sedgwick County Department on Aging, Stacy Nilles, 2622 West Central, Ste. 500, Wichita, KS 67203. <u>MUST be received by 12:00 noon, Friday, July 14, 2017.</u> The application must be double-sided on 8.5" x 11" paper. <u>Please staple each application.</u>
	6. Repeat above steps for each program seeking funding from Sedgwick County.
	7. In addition to the hand delivered copies please email the entire application to stacy.nilles@sedgwick.gov . Do not PDF the application to be emailed. <u>MUST be received by 12:00 noon, Friday, July 14, 2017.</u>

REVIEW PROCESS

Each program application will be reviewed by a committee of staff and council. This committee will make funding recommendations to the Sedgwick County Advisory Council on Aging for their final approval.

Please make sure your application is easy to read, filled out completely and correctly and the pages are in order. When a form is incomplete, incorrect, out of order or looks different; the committee can't focus on the quality of your program. Please take time to double and triple check each form.