

ASCOG CENA State Fiscal Year 2025

Grant Application

Name of Center		
Physical Address	City	Zip
Mailing Address		
Center Telephone Number		Center Email

Contact Person		Email (Required)
Address of Contact Person	City	Zip
Telephone of Contact Person		

Name of Authorizing Official (Print)

Title

Date

Signature of Authorizing Official

PROJECT NARRATIVE

1. Is your center applying for food reimbursement OR utility reimbursement? (Check only one.)

_____ Food (requires meal service of at least three days per week)

_____ Utilities (all other applicants)

2. How much funding are you requesting? (Enter funding request for only one of the following)

Food \$ _____ OR Utilities \$ _____

3. How will the grant funds be used to benefit the needs of seniors (60+) that utilize the center?

4. What other source of income does your center receive other than donations from participants?

How much do you estimate to receive from other funds annually: _____

5. Approximately how long has your center been in existence? _____

6. How many seniors (60+) utilize the center on a *monthly basis? _____

*This should be the exact number of seniors shown on your completed "Numbered List of Seniors Who Participate at the Senior Center At Least Monthly" form. You may **ONLY** count seniors who provide their name, address, phone number, and signature.)

7. What days and times are meals served at your senior center, i.e., M-F 12 noon, etc.

9. Who is the legal owner of the structure/property where meals are served/center is located?

Application was prepared by:

Name _____ Phone _____ Email _____

Senior Center Board of Directors

President

Name: _____ Email _____

Address: _____ City _____ Zip _____

Telephone: _____

Vice President

Name: _____ Email _____

Address: _____ City _____ Zip _____

Telephone: _____

Secretary

Name: _____ Email _____

Address: _____ City _____ Zip _____

Telephone: _____

Treasurer

Name: _____ Email _____

Address: _____ City _____ Zip _____

Telephone: _____

Instructions

Please submit the CENA application pages listed above (pages 1-3) and the following required documents in the order given, as described in Section H of the Grant Instruction Guide:

1. Grant Application Page
2. Project Narrative: Fill in each question with the required information.
3. Senior Center Board of Directors (Chair, Vice Chair, Secretary, Treasurer)
4. Senior Center bylaws
5. Senior Center Minutes approving CENA Application and Use of Funds
6. Copy of your County Health Department Food License: If no license is required by your local county health department (if food is not prepared at your center), please include a statement verifying the reason why from a Board Member or a letter from your county health department stating that your facility does not require a license.
7. Attestation of Accuracy of Application (Notarized)
8. ASCOG SFY2025 CENA Numbered List of Seniors Who Participate at the Senior Center At Least Monthly Form: This form must be completed with all required information. If your center has an alternate form, please request approval to use the form by emailing a copy to the AAA Director at least 14 days prior to the close of the Application period.

Attestation of Accuracy of Application Information SFY2025

Name of Senior Center: _____

The undersigned president or other authorized official of the above referenced senior center, being of lawful age, being first duly sworn, on oath says that the information in the application provided by the senior center listed above for the Community Expansion for Nutrition Assistance (CENA) grant for the above referenced fiscal year is true and accurate to the best of their knowledge, especially with regard to number of meals served, number of days per week meals are served and the list of seniors served. Affiant further states that (s)he has made not payment, given, or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer or employee of the State of Oklahoma or the Association of South Central Oklahoma Governments, of money or any other thing of value to obtain award or payment under this grant.

By: _____(Affiant)

_____(Notary Public, Court Clerk or Judge)

Subscribed and Sworn to me before on: _____

My Commission expires: _____