



# Northwestern Illinois Area Agency on Aging

## NIAAA Community Capacity Grant Program

### Application Form

#### Section 1: Organizational Information

- Organization Name:
  - Address:
  - County Served (check all that apply):  
 Boone  Carroll  DeKalb  Jo Daviess  Lee  Ogle  Stephenson  Whiteside  Winnebago
  - Executive Director/Primary Contact:
  - Email:
  - Phone:
  - EIN (or governmental entity verification):
  - Organization Type:  
 501(c)(3)  Other (explain):
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#### Section 2: Project Overview

- Project Title:
  - Amount Requested (max \$5,000):
  - Has your organization received NIAAA Capacity Grant funding in the past 3 years?  
 Yes  No  
If yes, list year(s) and amount(s):
  - Project Summary (2–3 sentences):
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#### Section 3: Project Description

Provide a clear and concise description of the proposed investment.

Include:

- What will be purchased or implemented
- Why this is needed now
- How it improves service delivery



## Section 4: Target Population & Need

- Describe the population(s) served (60+, caregivers, special populations):
  - Estimated number of individuals impacted annually:
  - Describe the need being addressed (e.g., rural access, social isolation, technology barriers):
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## Section 5: Alignment with NIAAA Priorities

Explain how this project aligns with one or more of the following:

- Caregiving Support
  - Social Isolation Reduction
  - Transportation Access
  - Technology Access
  - Health & Safety / Aging in Place
  - Other (describe):
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## Section 6: Budget

Provide an itemized budget (quotes encouraged).

### Item Description Cost

- Total Project Cost:
  - Amount Requested from NIAAA:
  - Other Funding Sources (if applicable):
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## Section 7: Impact & Outcomes

- What specific outcomes do you expect?
  - How will success be measured? (metrics, outputs, etc.)
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## Section 8: Sustainability

- How will this investment be maintained or sustained after funding?



## **Section 9: Certifications**

By signing below, the organization certifies that:

- Funds will not be used for salaries or ongoing operational expenses
- All information provided is accurate
- Organization complies with applicable federal, state, and local regulations

Authorized Signature: \_\_\_\_\_

Name & Title:

Date: