Older Adult Services

Request for Proposals - Letter of Intent to Apply

**Instructions:** Organizations wishing to be considered for funding through the RFP process must submit a Letter of Intent form by **4:30pm on** **June 17th to** [**CDDapplications@cityofmadison.com**](mailto:CDDapplications@cityofmadison.com)

This form is for planning purposes only. The information provided will help CDD gauge interest and/or potential partnerships for the upcoming Request for Proposals (RFP) for older adult services.

Submission of this form does not commit your organization to specific projects or partnerships, and there will be no penalty if your final application differs from the details submitted below. We welcome all applications, regardless of any changes from this preliminary letter of intent.

Service Areas included in this RFP:

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Management Services** | **Culturally Relevant Services** | **Independent Living Support Services** | **Information, Outreach, and Referral Services** |

1. **Applicant Organization Legal Name:**

Address:

1. Executive Director:

Email:

1. Using the table on page 2, please indicate the proposed Program Type for which your organization intends to apply. Agencies are allowed to apply for funding in more than one Program Type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Type | Anticipated Funding Request | Do you anticipate submitting a Joint/Multi-Agency Application? | |  |
| Yes\* | No | \*If yes, which organizations may be included in the application (optional) |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |