ATTACHMENT A: SAMPLE APPLICATION

AARP Community Challenge 2023
Grants to make communities more livable for people of all ages

AARP is currently soliciting applications for 2023 funding. All applications must be submitted through the online application portal at AARP.org/CommunityChallenge by March 15, 2023, 5:00 p.m. ET. **No emailed or paper applications will be accepted.**

In 2023, the AARP Community Challenge is accepting applications across three different grant opportunities, two of which are new this year. You can read more about the different funding opportunities in 2023 at AARP.org/CommunityChallenge.

Please click on the link of the application below that you would like to view:

Learn more at **AARP.org/CommunityChallenge**   Questions? Email **CommunityChallenge@AARP.org**

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Flagship Grant Application

BASIC INFORMATION

1. **Common name of Applicant Organization:** * _____
   (MAX: 60 characters)

   Legal Name of Applicant Organization: _____
   (If your organization's legal name is different from its commonly used name, is too long to fit in the common name field, DBA, please enter it in full here. NO max character limit.)

2. **Organization Mailing Address:** *

   Address: _____
   City: _____ **State:** _____ **Zip:** _____

3. **Organization Contact:** *

   Name: _____ **Title:** _____
   Phone: _____ **Email:** _____

4. **Organization Tax/Corporate Status.** * Please check the one that applies:

   ☐ 501(c)(3), 501(c)(4) and 501(c)(6) nonprofits *(Nonprofit organizations must be recognized by the IRS to receive funds.)*

   ☐ A municipality/Another unit of government

   ☐ Other (*Considered on a case-by-case basis. AARP can NOT provide funds to any for-profit company, nor individuals. However, AARP does allow for IRS recognized 501(c)(3), 501(c)(4) and 501(c)(6) tax-exempt organizations or government entities to serve as fiscal sponsors of grants.*)

   Please Describe Other: _____

5. **Organization Federal Tax Identification Number:** * _____
   (if municipality, enter n/a)

6. **Organization Website:** * _____
   (if none, enter n/a)

7. **Organization Twitter Handle:** * _____
   (if none, enter n/a)

8. **Organization Facebook Name:** * _____
   (if none, enter n/a)

Learn more at AARP.org/CommunityChallenge **Questions? Email** CommunityChallenge@AARP.org

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Flagship Grant Application Continued…

9. Has your organization applied for an AARP Community Challenge previously? *

☐ Yes – Selected more than once

☐ Yes – Selected once

☐ Yes – Not selected

☐ No – did not apply

10. How did you hear about this grant opportunity? *

☐ The AARP State Office in my state

☐ The AARP Livable Communities e-newsletter

☐ A national organizational newsletter or conference

☐ A local event or newsletter

☐ Word of mouth in the community

☐ Social Media

☐ A grant finder tool

☐ Internet search

☐ State or local government entity

☐ Other: _____

COMMUNITY DETAILS

11. Community where this project will be delivered: *
NOTE: This information is for AARP's internal analysis only and will not be used in award information, etc.

City: _____County: _____State: _____Zip: _____

12. Would you describe this community as: *

☐ Rural

☐ Suburban

☐ Urban

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Flagship Grant Application Continued...

PROJECT DETAILS

13. **Project Description. *** Please provide a description of your project in 2,000 characters or less (including spaces). Please also include any benefits of your project specifically for people 50-plus.

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NOTE: **This grant can NOT be used for the following activities:**

- Partisan, political or election related activities
- Planning activities, assessments or surveys of communities without tangible engagement
- Studies with no follow-up action
- Publication of books or reports
- Acquisition of land and/or buildings
- Purchase of a vehicle (such as a car or truck)
- Sponsorships of other organizations' events or activities
- Research and development for a nonprofit endeavor
- Research and development for a for-profit endeavor
- The promotion of a for-profit entity and/or its products and services

14. **Project Short Summary. *** In under 250 characters (including spaces), please describe your project and the impact it will have on the community. Please include relevant references to older adults. Think of it as a one or two sentence summary you would include in a press release.

> **_For example:_** _This project will turn overgrown vacant lots into community gardens with raised flower beds and install accessible benches at a park frequented by older adults located beside a senior center._

_____

_____

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Flagship Grant Application Continued…

15. **Project Timeline. *** AARP Community Challenge projects should be quick-action in nature and able to be completed by November 30, 2023. Please provide a brief project timeline using the month boxes below. ***Be sure to include time to receive any municipal approvals, land-use agreements, request for proposals/contractor bidding process and approvals, impact of potential weather (heat, cold, rain), supply chain lead time, etc***.

    NOTE: *We anticipate that grantees will receive selection notifications in May and payment in June/July. Projects must be completed by November 30 and After-Action Reports are due December 31. Please see Question #1 in the FAQs for more information on the grant cycle timeline.*

    June:_____

    July:_____

    August:_____

    September:_____

    October:_____

    November:_____

16. **Upload one attachment if needed.**

    NOTE: *This is not required, but you may share one document, i.e., designs, map, photo, supporting materials. Please combine multiple items into one file.*

    Maximum file size: 5 MB

17. **Social Impact Goal. *** Which of the following social impact goals *best* describe your project?

    ☐ increasing social connections between older adults and all residents of the community (with a focus on people age 50 and older)

    ☐ improving the health and wellness of older adults and all residents of the community (with a focus on people age 50 and older)

    ☐ improving economic conditions for older adults and all residents (with a focus on people age 50 and older)

    ☐ increasing ways older adults and all residents (with a focus on people age 50 and older) safely move around the community

    ☐ creating a range of housing options for older adults and all residents (with a focus on people age 50 and older) to safely live

    ☐ strengthening connections between government, older adults and all residents (with a focus on people age 50 and older), leading to improved community relations

    ☐ making the community more inclusive and meeting the needs of diverse older adults and residents (with a focus on people age 50 and older)

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Flagship Grant Application Continued…

18. **Project Type: ***

    NOTE: Proposals for the project types described below will be prioritized over those that support ongoing programming or events.

    ☐ **Permanent physical** improvements in the community

    ☐ **Temporary demonstrations** that lead to long-term change

    ☐ **New, innovative programming** or services

19. **Project Category.** Please select the category below that best describes your project, along with the primary corresponding sub-category.
    NOTE: *We understand there is some crossover between categories and that several might apply to your project. Please select the main category that aligns most closely with your primary goal.*

    ☐ **Create vibrant public places** in the community through solutions that improve open spaces, parks and access to other amenities for residents (especially those 50-plus)
       ☐ Activities, trainings or programs to engage residents (particularly people 50-plus) in vibrant public places (e.g., public plaza events, open street events, trainings on public space access, etc.)
       ☐ Public space activation with a focus on the needs of those 50-plus (e.g., public plaza improvements, parklets, street trees, alleyway activation, accessible seating and games in public spaces, seating along Main Street corridors, signage in neighborhoods)
       ☐ Public art installations that make a space more inviting for multigenerational use, including to decrease 50-plus social isolation (e.g., murals and sculptures that are connected to a broader plan for multigenerational use for the public space)
       ☐ Park enhancements to serve all residents with emphasis on people 50-plus (e.g., accessible park equipment improvements, new structures, dog parks)
       ☐ Community gardens for all residents (especially for people 50-plus) (e.g., building accessible community garden beds)
       ☐ Accessibility of amenities (e.g., increasing accessibility features of park equipment)
       ☐ Public safety interventions (e.g., proper lighting, landscaping, block revitalization/maintenance)
       ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

    ☐ **Deliver a range of transportation and mobility options** for residents (especially those 50-plus) through solutions that increase connectivity, walkability, bikeability and access to public and private transit.

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Flagship Grant Application Continued…

☐ Activities/events/training programs to engage people (with an emphasis on people 50-plus) in transportation options/safety (e.g., open streets events)

☐ Roadway/sidewalks/crosswalk improvement and beautification (with emphasis on the safety needs of people 50-plus) (e.g., markings for crosswalks, traffic calming pop-ups at intersections)

☐ Bikeability, especially for people 50-plus (e.g., bike sharing options, temporary bike lanes)

☐ Public or private transit access, accessibility and safety for residents (with an emphasis on people 50-plus) (e.g., adding transit shelters, activating and improving transit stops, increasing accessibility features of transportation options for people of all abilities)

☐ Micro-mobility enhancements/management for residents (with an emphasis on people 50-plus) (e.g., parking and training on scooters, e-bikes for older adults, etc.)

☐ Expansion and enhancement of existing transportation options (especially for people 50-plus) (e.g., adding volunteer-led transportation programs, enhanced coordination of existing transportation resources)

☐ Improved wayfinding throughout the community (e.g., signage and markings that are visible for all ages)

☐ Trails (e.g., completing and connecting trails, signage, improving accessibility for all abilities, especially people 50-plus)

☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

☐ **Support a range of housing options** for residents (especially people 50-plus and their families**)** in the community through solutions that increase the availability of accessible and affordable choices.

☐ Accessory dwelling units (ADUs), tiny homes and manufactured housing, particularly those with accessibility features

☐ Innovative home maintenance, repair and support services to support residents' ability to live independently and age

☐ Lifelong housing and accessibility for older adults

☐ Resources about housing options, safety and services for residents (with emphasis on those 50-plus)

☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

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Flagship Grant Application Continued...

☐ **Increase civic engagement** with innovative and tangible projects that bring residents (especially those 50-plus) and local leaders together to address challenges and facilitate a greater sense of inclusion.

    ☐ Developing projects based on residents' (especially people 50-plus) priorities (e.g., participatory budgeting efforts)

    ☐ Bringing resident insight and volunteer power (especially people 50-plus) into local government (e.g., citizen academies, local volunteers supporting City Hall efforts)

    ☐ Engaging residents alongside thought leaders in problem solving for wants and needs, especially those 50-plus (e.g., hackathons)

    ☐ Tools and programming to capture data and feedback from residents (especially those 50-plus)

    ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

☐ **Focus on diversity, equity and inclusion** while improving the built and social environment of a community for all ages (especially those 50-plus).

    ☐ Inclusive public space improvements that address disparities (with a focus on people 50-plus) and meet the needs of diverse populations

    ☐ Inclusive transportation solutions that address disparities (with a focus on people 50-plus) and meet the needs of diverse populations

    ☐ Inclusive civic engagement efforts that address disparities (with a focus on people 50-plus) and meet the needs of diverse populations

    ☐ Inclusive housing solutions that address disparities (with a focus on people 50-plus) and meet the needs of diverse populations

    ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail). _____

☐ Increasing **digital connections** by expanding high-speed internet access and enhancing digital navigation skills of residents (especially those 50-plus).

    ☐ Activities to increase access to high-speed internet (with a focus on people 50-plus) (e.g., hot spot rental programs, etc.)

    ☐ Initiatives to increase awareness of internet affordability programs, including the Affordable Connectivity Program (with a focus on people 50-plus)

    ☐ Activities to train residents and increase digital navigation skills (with a focus on people 50-plus)

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Flagship Grant Application Continued…

☐ Public spaces improvements that will increase the availability of high-speed internet (with a focus on people 50-plus) (e.g., outdoor classrooms, benches and seating with WiFi, etc.)

☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

☐ Supporting **community resilience** through investments that improve disaster management, preparedness and mitigation for residents (especially those 50-plus).

☐ Improvements to public places that will improve the area's ability to withstand extreme weather events, reducing the impact of extreme weather events on people age 50 and older (e.g., rain gardens to address stormwater run-off, converting vacant spaces into community areas that can be used by older adults, etc.)

☐ Programs and initiatives that will teach emergency preparedness skills (with a focus on people 50-plus)

☐ Public space improvements to support recovery in an area after extreme weather events (with a focus on people 50-plus)

☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

☐ Improving **community health and economic empowerment** to support residents' financial well-being and improve health outcomes (with a focus on the needs of people 50-plus)

☐ Initiatives that increase access to healthcare services (with a focus on people 50-plus)

☐ Programs and activities that address community health (especially for people 50-plus) (e.g., healthy living programs, food and nutrition access, etc.)

☐ Activities that support family caregivers (with a focus on people 50-plus)

☐ Activities to support entrepreneurship to improve economic resilience (with a focus on people 50-plus)

☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

Learn more at AARP.org/CommunityChallenge   **Questions? Email** CommunityChallenge@AARP.org

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Flagship Grant Application Continued…

20. **Project Deliverables. *** Please specify the individual deliverables of your project. Quantify and provide as much detail as you can about any **physical structures (such as benches, lighting, signage, etc.), events, dates, addresses, communications, people reached, volunteers involved, etc.** within 300 characters (including spaces) for each deliverable.

    **Minimum of 3 deliverables required. Maximum of 10.

    Before you enter your answers, PLEASE READ the examples below and review Attachment D.

    For example:

    I.   *The Organization will purchase and install structures with LED lighting with custom side panels at (ADDRESS)*
         a. *Quantity: 3*
    II.   *The Organization will purchase and install ADA compliant benches at (ADDRESS)*
         a. *Quantity: 7*
    III.   *The Organization will purchase and install AARP branded signage at (ADDRESS)*
         a. *Quantity: 15*
    IV.   *The Organization will purchase and install accessible raised garden beds made of materials suitable for outdoor use*
         a. *Quantity: 10*
    V.   *The Organization will hold event on (DATE) (event examples: workshops, hackathon, trainings)*
         a. *Quantity: 1*
    VI.   *The Organization's goal is to have community members to be trained at workshops on 50+ issues, with at least half of attendees being age 50 and older.*
         a. *Quantity: 250*
    VII.   *The Organization will hold a (kick-off, ribbon cutting, etc.) event on November 1, 2023.*
         a. *Quantity: 1*
    VIII.   *The Organization has a goal of attendees at event, with at least half of attendees being age 50 and older.*
         a. *Quantity: 400*
    IX.   *The Organization will engage volunteers over the course of the project – including painting accessible benches made of outdoor materials, installation, and the kick-off event, with half being age 50 and older.*
         a. *Quantity: 70*

Deliverable 1: _____

   Quantity: _____

Deliverable 2: _____

   Quantity: _____

Deliverable 3: _____

   Quantity: _____

Add more deliverables as necessary

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

Flagship Grant Application Continued…

PROJECT NARRATIVE

Please complete each section with 2,000 characters or fewer (including spaces).

21. **Organizational Livable Communities Activities. *** Please describe: 1) How your organization has been involved in past work to make this community more livable (with a focus on people 50-plus); and 2) How this project will support existing efforts to make this community more livable for all (with a focus on people 50-plus).

_____

_____

_____

22. **Community engagement. *** Please describe: 1) How residents and local organizations have been engaged in the area's livable communities' activities to date; and 2) How you will involve them as you execute this grant (with a focus on people 50-plus).

_____

_____

_____

23. **Goals of Project. *** Please choose potential outcomes you hope the project will achieve. *Select the top 3.*
    ☐ Commitment of additional funds by *private* or *public* (including nonprofit) sector
    ☐ Temporary demonstration leads to permanent installation
    ☐ Overcome *policy* barriers in implementing larger efforts
    ☐ Overcome *funding* barriers in implementing larger efforts
    ☐ Demonstrates key concepts to build support for larger effort
    ☐ Spurs replication in other parts of the community/state
    ☐ Brings new partners to the effort
    ☐ Leads to increased awareness of effort within the community
    ☐ Leads to increased engagement with program by community members
    ☐ Other:_____

24. **Older Adults. *** How will your project benefit residents age 50 and over?

_____

_____

_____

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

Flagship Grant Application Continued...

25. **Role of volunteers. *** Will volunteers age 50 and older play a role in the implementation of the Community Challenge project?

    ☐   Yes

    ☐   No

    a. **Please describe. *** Even if you answered "No" above, if volunteers of any age will play a role in implementing the Community Challenge project, please explain.

    _____

    _____

26. **Diversity and Inclusion. *** Will your project focus on, impact or benefit a specific multicultural population of older adults and their families in the community? If so, please select the one or two who will be primarily impacted below.

    ☐   African American/Black

    ☐   Hispanic/Latino

    ☐   Asian American Pacific Islander

    ☐   Native American

    ☐   LGBTQ+

    ☐   Other Not Listed Above: _____

    ☐   None

    Please describe how the effort focuses on or impacts this population (including any emphasis on people 50-plus and their families).

    _____

27. **Disparities. *** Will your project improve or address existing disparities (including racial or economic) experienced in the community (especially for people age 50 and older)?

    ☐ Yes

    ☐ No

    Please describe: _____

28. **Veterans and Military Families. *** Will your project have an emphasis on veterans and their families of all ages (including those age 50 and older)?

    ☐ Yes

    ☐ No

    Please describe: _____

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Flagship Grant Application Continued…

29. **Federal Investments. *** Is your project connected to any efforts that were supported or are planning to build engagement under recent federal legislation that supports communities (including the American Rescue Plan Act, the Infrastructure Investment and Jobs Act or others) to benefit residents (with a focus on people 50-plus)?

☐ Yes

☐ No

Please describe: _____

PROJECT BUDGET

30. **Grant Amount and Budget. *** Please include the total grant request and specify all expenses that will be covered by this grant.

    NOTE: *AARP reserves the right to award less funds than requested – applicants should be prepared to discuss how they would scale down their proposal if asked.*

    Enter whole numbers only in the amount field. No $ dollar sign or cents.

    TOTAL GRANT AMOUNT REQUESTED: $ _____

    Contracted services costs, if any: $ _____ **Additional Information:** _____

    Materials & supplies, if any: $ _____ **Additional Information:** _____

    Travel expenses, if any: $ _____ **Additional Information:** _____

    Staff costs, if any: $ _____ **Additional Information:** _____

    NOTE: *The AARP Community Challenge will typically only award grants that spend 0-15% on staff costs. However, AARP reserves the right to award compelling projects that go beyond this range.*

31. **Matching/Supporting Funds and In-Kind Support.** *Matching funds are NOT required.* Please detail any matching/supporting funds or in-kind support the organization will receive to contribute toward this project. Include volunteer/donated work as in-kind support.

    NONPROFIT

    Matching Funds/Supporting Funds: $ _____ **In-Kind Support:** _____

    PRIVATE

    Matching Funds/Supporting Funds: $ _____ **In-Kind Support:** _____

    PUBLIC

    Matching Funds/Supporting Funds: $ _____ **In-Kind Support:** _____

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Flagship Grant Application Continued…

32. **Other Funding. *** AARP might be contacted by other potential funders that could be interested in funding projects that were not funded through the AARP Community Challenge. The potential funders may have additional process steps and funding requirements than those of the AARP Community Challenge. If requested, AARP would like to send your contact information, organization name and a short description of your proposal, including the community where the project would take place ("Project Information"). Please note that these projects will be subject to any potential funder's own terms, conditions and review. Please indicate in your application whether or not you give permission to AARP to share your Project Information with other potential funders. If you select "yes," you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with sharing the Project Information with potential funders. We will alert you before this Project Information is given to potential funders. **Do you give AARP permission to share this Project Information with other organizations that might be interested in funding your project?**

☐ YES

☐ NO

An opportunity for other possible AARP funding. Please note that by submitting a proposal for the AARP Community Challenge initiative, you and your organization give AARP permission to reach out to you and others at your organization about other possible AARP funding opportunities that your proposal may be eligible for based on the AARP Community Challenge criteria. However, please note that AARP is not obligated in any way to consider your proposal for any additional AARP funding.

NOTIFICATION

When you SUBMIT this application, you will receive a confirmation email within the hour. Please make sure to check your spam folder if you do not see it. If you do NOT receive a submission confirmation, you have NOT submitted successfully. Please go back and make sure you completed ALL required questions and did not go over the text box character limits.

All applicants will be notified of their selection by email in May. To receive funding, selected applicants must execute and return a binding Memorandum of Understanding and completed financial forms to the AARP National office in a timely manner.

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Demonstration Grant Application

BASIC INFORMATION

1. **Common name of Applicant Organization:** * _____
   (MAX: 60 characters)

   Legal Name of Applicant Organization: _____
   (If your organization's legal name is different from its commonly used name, is too long to fit in the common name field, DBA, please enter it in full here. NO max character limit.)

2. **Organization Mailing Address:** *

   Address: _____
   City: _____ **State:** _____ **Zip:** _____

3. **Organization Contact:** *

   Name: _____ **Title:** _____
   Phone: _____ **Email:** _____

4. **Organization Tax/Corporate Status.** * Please check the one that applies:

   ☐ 501(c)(3), 501(c)(4) and 501(c)(6) nonprofits *(Nonprofit organizations must be recognized by the IRS to receive funds.)*

   ☐ A municipality/Another unit of government

   ☐ Other (*Considered on a case-by-case basis. AARP can NOT provide funds to any for-profit company, nor individuals. However, AARP does allow for IRS recognized 501(c)(3), 501(c)(4) and 501(c)(6) tax-exempt organizations or government entities to serve as fiscal sponsors of grants.)*

   Please Describe Other: _____

5. **Organization Federal Tax Identification Number:** * _____
   (if municipality, enter n/a)

6. **Organization Website:** * _____
   (if none, enter n/a)

7. **Organization Twitter Handle:** * _____
   (if none, enter n/a)

8. **Organization Facebook Name:** * _____
   (if none, enter n/a)

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Demonstration Grant Application Continued…

9. Has your organization applied for an AARP Community Challenge previously? *

- ☐ Yes – Selected more than once
- ☐ Yes – Selected once
- ☐ Yes – Not selected
- ☐ No – did not apply

10. How did you hear about this grant opportunity? *

- ☐ The AARP State Office in my state
- ☐ The AARP Livable Communities e-newsletter
- ☐ A national organizational newsletter or conference
- ☐ A local event or newsletter
- ☐ Word of mouth in the community
- ☐ Social Media
- ☐ A grant finder tool
- ☐ Internet search
- ☐ State or local government entity
- ☐ Other: _____

COMMUNITY DETAILS

11. Community where this project will be delivered: *
NOTE: This information is for AARP's internal analysis only and will not be used in award information, etc.

City: _____County: _____State: _____Zip: _____

12. Would you describe this community as: *

- ☐ Rural
- ☐ Suburban
- ☐ Urban

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Demonstration Grant Application Continued…

PROJECT DETAILS

13. **Project Description.** * Please provide a description of your project in 2,000 characters or less (including spaces). Please also include any benefits of your project specifically for people 50-plus.

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NOTE: **This grant can NOT be used for the following activities:**

- Partisan, political or election related activities

- Planning activities, assessments or surveys of communities without tangible engagement

- Studies with no follow-up action

- Publication of books or reports

- Acquisition of land and/or buildings

- Purchase of a vehicle (such as a car or truck)

- Sponsorships of other organizations' events or activities

- Research and development for a nonprofit endeavor

- Research and development for a for-profit endeavor

- The promotion of a for-profit entity and/or its products and services

14. **Project Short Summary.** * In under 250 characters (including spaces), please describe your project and the impact it will have on the community. Please include relevant references to older adults. Think of it as a one or two sentence summary you would include in a press release.

> **For example:** *This project will turn overgrown vacant lots into community gardens with raised flower beds and install accessible benches at a park frequented by older adults located beside a senior center.*

_____

_____

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Demonstration Grant Application Continued…

15. **Project Timeline. *** AARP Community Challenge projects should be quick-action in nature and able to be completed by November 30, 2023. Please provide a brief project timeline using the month boxes below. *Be sure to include time to receive any municipal approvals, land-use agreements, request for proposals/contractor bidding process and approvals, impact of potential weather (heat, cold, rain), supply chain lead time, etc.*

    NOTE: *We anticipate that grantees will receive selection notifications in May and payment in June/July. Projects must be completed by November 30 and After-Action Reports are due December 31. Please see Question #1 in the FAQs for more information on the grant cycle timeline.*

    June: _____

    July: _____

    August: _____

    September: _____

    October: _____

    November: _____

16. **Upload one attachment if needed.**

    NOTE: *This is not required, but you may share one document, i.e., designs, map, photo, supporting materials. Please combine multiple items into one file.*
    Maximum file size: 5 MB

17. **Social Impact Goal. *** Which of the following social impact goals *best* describe your project?

    ☐ increasing social connections between older adults and all residents of the community (with a focus on people age 50 and older)

    ☐ improving the health and wellness of older adults and all residents of the community (with a focus on people age 50 and older)

    ☐ improving economic conditions for older adults and all residents (with a focus on people age 50 and older)

    ☐ increasing ways older adults and all residents (with a focus on people age 50 and older) safely move around the community

    ☐ creating a range of housing options for older adults and all residents (with a focus on people age 50 and older) to safely live

    ☐ strengthening connections between government, older adults and all residents (with a focus on people age 50 and older), leading to improved community relations

    ☐ making the community more inclusive and meeting the needs of diverse older adults and residents (with a focus on people age 50 and older)

Learn more at AARP.org/CommunityChallenge   Questions? Email CommunityChallenge@AARP.org

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Demonstration Grant Application Continued…

18. **Project Type:** *

    NOTE: Proposals for the project types described below will be prioritized over those that support ongoing programming or events.

    ☐ **Permanent physical** improvements in the community

    ☐ **Temporary demonstrations** that lead to long-term change

    ☐ **New, innovative programming** or services

19. **Project Category.** Please select the category below that best describes your project.

    ☐ Advancing solutions that build capacity towards **transportation systems changes** for residents (especially those 50-plus) (approximately $30,000 – $50,000 each with funding support from Toyota).

    ☐ Implementing **accessory dwelling unit (ADU) design competitions** that increase community understanding of the benefits of accessory dwelling units and encourage implementation of ADU policies for residents (especially those 50-plus) (approximately $10,000 – $15,000 each).

20. **Project Deliverables. *** Please specify the individual deliverables of your project. Quantify and provide as much detail as you can about any **physical structures (such as benches, lighting, signage, etc.), events, dates, addresses, communications, people reached, volunteers involved, etc.** within 300 characters (including spaces) for each deliverable.

    **Minimum of 3 deliverables required. Maximum of 10.*

    Before you enter your answers, PLEASE READ the examples below and review Attachment D.

    For example:

    I.   *The Organization will identify a ride-share partner to deliver services, such as taxis, locally available ride sharing services, or existing providers within the municipality.*
        a.   *Quantity: 3*

    II. *The Organization will provide access to transportation for essential services to those age 65 and older.*
        a.   *Quantity: 50*

    III. *The Organization will develop eligibility guidelines for the program and a service area map for each municipality.*
        a.   *Quantity: 1*

    IV. *Organization will hold an accessory dwelling unit design competition with multiple categories. Winner of each category will produce of free virtually accessible master set of preapproved construction documents for an ADU which will be hosted on the city's website.*
        a.   *Quantity: 1*

    V.   *The Organization will create a virtually accessible Design Book listing plans submitted and accepted in the design competition including floor plans, elevations, images, and isometric views.*
        a.   *Quantity: 1*

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Demonstration Grant Application Continued…

Deliverable 1: _____

    Quantity: _____

Deliverable 2: _____

    Quantity: _____

Deliverable 3: _____

    Quantity: _____

Add more deliverables as necessary

PROJECT NARRATIVE

Please complete each section with 2,000 characters or fewer (including spaces).

21. **Organizational Livable Communities Activities. *** Please describe: 1) How your organization has been involved in past work to make this community more livable (with a focus on people 50-plus); and 2) How this project will support existing efforts to make this community more livable for all (with a focus on people 50-plus).

_____

_____

_____

22. **Community engagement. *** Please describe: 1) How residents and local organizations have been engaged in the area's livable communities' activities to date; and 2) How you will involve them as you execute this grant (with a focus on people 50-plus).

_____

_____

_____

23. **Goals of Project. *** Please choose potential outcomes you hope the project will achieve. *Select the top 3.*
    - ☐ Commitment of additional funds by *private* or *public* (including nonprofit) sector
    - ☐ Temporary demonstration leads to permanent installation
    - ☐ Overcome *policy* barriers in implementing larger efforts
    - ☐ Overcome *funding* barriers in implementing larger efforts
    - ☐ Demonstrates key concepts to build support for larger effort
    - ☐ Spurs replication in other parts of the community/state

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☐ Brings new partners to the effort

☐ Leads to increased awareness of effort within the community

☐ Leads to increased engagement with program by community members

☐ Other:_____

24. **Older Adults. *** How will your project benefit residents age 50 and over?

_____

_____

25. **Role of volunteers. *** Will volunteers age 50 and older play a role in the implementation of the Community Challenge project?

☐ Yes

☐ No

b. **Please describe. *** Even if you answered "No" above, if volunteers of any age will play a role in implementing the Community Challenge project, please explain.

_____

_____

26. **Diversity and Inclusion. *** Will your project focus on, impact or benefit a specific multicultural population of older adults and their families in the community? If so, please select the one or two who will be primarily impacted below.

☐ African American/Black

☐ Hispanic/Latino

☐ Asian American Pacific Islander

☐ Native American

☐ LGBTQ+

☐ Other Not Listed Above: _____

☐ None

Please describe how the effort focuses on or impacts this population (including any emphasis on people 50-plus and their families).

_____

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Demonstration Grant Application Continued…

27. **Disparities. *** Will your project improve or address existing disparities (including racial or economic) experienced in the community (especially for people age 50 and older)?

    ☐ Yes

    ☐ No

    Please describe: _____

28. **Veterans and Military Families. *** Will your project have an emphasis on veterans and their families of all ages (including those age 50 and older)?

    ☐ Yes

    ☐ No

    Please describe: _____

29. **Federal Investments. *** Is your project connected to any efforts that were supported or are planning to build engagement under recent federal legislation that supports communities (including the American Rescue Plan Act, the Infrastructure Investment and Jobs Act or others) to benefit residents (with a focus on people 50-plus)?

    ☐ Yes

    ☐ No

    Please describe: _____

PROJECT BUDGET

30. **Grant Amount and Budget. *** Please include the total grant request and specify all expenses that will be covered by this grant.
    NOTE: *AARP reserves the right to award less funds than requested – applicants should be prepared to discuss how they would scale down their proposal if asked.*
    Enter whole numbers only in the amount field. No $ dollar sign or cents.

    TOTAL GRANT AMOUNT REQUESTED: $ _____

    Contracted services costs, if any: $ _____ Additional Information: _____

    Materials & supplies, if any: $ _____ Additional Information: _____

    Travel expenses, if any: $ _____ Additional Information: _____

    Staff costs, if any: $ _____ Additional Information: _____

    NOTE: *The AARP Community Challenge will typically only award grants that spend 0-15% on staff costs. However, AARP reserves the right to award compelling projects that go beyond this range.*

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Demonstration Grant Application Continued…

31. **Matching/Supporting Funds and In-Kind Support.** *Matching funds are NOT required.* Please detail any matching/supporting funds or in-kind support the organization will receive to contribute toward this project. Include volunteer/donated work as in-kind support.

    NONPROFIT

    Matching Funds/Supporting Funds: $ _____ In-Kind Support: _____

    PRIVATE

    Matching Funds/Supporting Funds: $ _____ In-Kind Support: _____

    PUBLIC

    Matching Funds/Supporting Funds: $ _____ In-Kind Support: _____

32. **Other Funding. *** AARP might be contacted by other potential funders that could be interested in funding projects that were not funded through the AARP Community Challenge. The potential funders may have additional process steps and funding requirements than those of the AARP Community Challenge. If requested, AARP would like to send your contact information, organization name and a short description of your proposal, including the community where the project would take place ("Project Information"). Please note that these projects will be subject to any potential funder's own terms, conditions and review. Please indicate in your application whether or not you give permission to AARP to share your Project Information with other potential funders. If you select "yes," you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with sharing the Project Information with potential funders. We will alert you before this Project Information is given to potential funders. **Do you give AARP permission to share this Project Information with other organizations that might be interested in funding your project?**

    ☐ YES

    ☐ NO

    An opportunity for other possible AARP funding. Please note that by submitting a proposal for the AARP Community Challenge initiative, you and your organization give AARP permission to reach out to you and others at your organization about other possible AARP funding opportunities that your proposal may be eligible for based on the AARP Community Challenge criteria. However, please note that AARP is not obligated in any way to consider your proposal for any additional AARP funding.

NOTIFICATION

When you SUBMIT this application, you will receive a confirmation email within the hour. Please make sure to check your spam folder if you do not see it. If you do NOT receive a submission confirmation, you have NOT submitted successfully. Please go back and make sure you completed ALL required questions and did not go over the text box character limits.

All applicants will be notified of their selection by email in May. To receive funding, selected applicants must execute and return a binding Memorandum of Understanding and completed financial forms to the AARP National office in a timely manner.

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Capacity-Building Microgrant Application

BASIC INFORMATION

1. Common name of Applicant Organization: * _____
(MAX: 60 characters)

Legal Name of Applicant Organization: _____
(If your organization's legal name is different from its commonly used name, is too long to fit in the common name field, DBA, please enter it in full here. NO max character limit.)

2. Organization Mailing Address: *

Address: _____

City: _____ **State:** _____ **Zip:** _____

3. Organization Contact: *

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

4. Organization Tax/Corporate Status. * Please check the one that applies:

☐ 501(c)(3), 501(c)(4) and 501(c)(6) nonprofits *(Nonprofit organizations must be recognized by the IRS to receive funds.)*

☐ A municipality/Another unit of government

☐ Other (*Considered on a case-by-case basis. AARP can NOT provide funds to any for-profit company, nor individuals. However, AARP does allow for IRS recognized 501(c)(3), 501(c)(4) and 501(c)(6) tax-exempt organizations or government entities to serve as fiscal sponsors of grants.)*

Please Describe Other: _____

5. Organization Federal Tax Identification Number: * _____
(if municipality, enter n/a)

6. Organization Website: * _____
(if none, enter n/a)

7. Organization Twitter Handle: * _____
(if none, enter n/a)

8. Organization Facebook Name: * _____
(if none, enter n/a)

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Microgrant Application Continued…

9. **Has your organization applied for an AARP Community Challenge previously? ***

☐ Yes – Selected more than once

☐ Yes – Selected once

☐ Yes – Not selected

☐ No – did not apply

10. **How did you hear about this grant opportunity? ***

☐ The AARP State Office in my state

☐ The AARP Livable Communities e-newsletter

☐ A national organizational newsletter or conference

☐ A local event or newsletter

☐ Word of mouth in the community

☐ Social Media

☐ A grant finder tool

☐ Internet search

☐ State or local government entity

☐ Other: _____

COMMUNITY DETAILS

11. **Community where this project will be delivered: ***

NOTE: This information is for AARP's internal analysis only and will not be used in award information, etc.

City: _____ **County:** _____ **State:** _____ **Zip:** _____

12. **Would you describe this community as: ***

☐ Rural

☐ Suburban

☐ Urban

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Microgrant Application Continued…

PROJECT DETAILS

13. **Project Category. *** Please select the category below that best describes your project.

    ☐ **Improving Walkability** – Implement walk audits to enhance safety and walkability for residents (especially those 50-plus) in your community with support from *America Walks,* using the *AARP Walk Audit Tool Kit*.

    ☐ **Creating Community Gardens** – Start or grow a community garden for residents (especially those 50-plus) with support from *880 Cities*, using the AARP publication *Creating Community Gardens for All Ages*.

14. **Project Short Summary. *** In under 500 characters (including spaces), please describe your project and the impact it will have on the community. Please include relevant references to older adults. Think of it as a two or three sentence summary you would include in a press release.

    For example:

    - *This project will conduct 5 walk audits throughout a busy commercial district to identify potential locations for sidewalk and crosswalk improvements. The project will recruit older volunteers from the community center for the audits. The project will host a minimum of two community meetings with walk audit participants, residents, business owners and the City (including Department of Public Works) to discuss the results of the walk audits and how to incorporate results in future planning.*

    - *This project will turn an overgrown vacant lot into a community garden with a minimum of 10 raised flower and vegetable beds and the installation of two accessible benches. The local Senior Center will be invited to use two of the raised beds for their educational classes and outings. All produce grown in those beds will be used by the Senior Center for their meals or will be available to participants. Other gardeners will also be encouraged to donate extra produce to the Senior Center or the local Food Bank.*

    _____

    _____

15. **The Need. *** In under 500 characters (including spaces), please describe the unique challenge that you are trying to address or solve through this grant.

    _____

    _____

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Microgrant Application Continued…

16. **Additional Project Activities. *** Capacity-building Microgrants combine $2,500 in grant funding with the opportunity to participate in two webinars, monthly cohort learning opportunities with other Community Challenge grantees, and up to two hours of one-on-one coaching from either America Walks (Walkability) or 880 Cities (Community Gardens).

    Participating in these capacity building elements are a <u>critical component</u> of this grant opportunity. Are you willing to participate in these additional capacity building and technical assistance activities?

    ☐ Yes
    ☐ No

17. **Project Timeline. *** AARP Community Challenge projects should be quick-action in nature and able to be completed by November 30, 2023. Please provide a brief project timeline using the month boxes below. *Be sure to include time to receive any municipal approvals, land-use agreements, request for proposals/contractor bidding process and approvals, impact of potential weather (heat, cold, rain), supply chain lead time, etc*.

    NOTE: *We anticipate that grantees will receive selection notifications in May and payment in June/July. Projects must be completed by November 30 and After-Action Reports are due December 31. Please see Question #1 in the Frequently Asked Questions (FAQs) for more information on the grant cycle timeline.*

    June: _____

    July: _____

    August: _____

    September: _____

    October: _____

    November: _____

18. **Project Deliverables. *** Please select and enter the quantity for the deliverables relevant to your project. *Select all that apply.*

    Improving Walkability Category Deliverables:

    ☐ Organization will host **##** Walk Audit(s) in their community to make streets safer for older adults and all residents (with participation targeted to people 50-plus).
    Amount: _____

    ☐ Organization will host Walk Audits of **##** blocks or intersections, especially in areas where older residents are at particular risk.
    Amount: _____

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Microgrant Application Continued…

☐ Organization will engage **##** of community members in the Walk Audit(s) to identify unsafe streets and document needed information and observations (with participation targeted to people 50-plus).
Amount: _____

☐ Other
Please describe: _____
Amount: _____

Creating Community Gardens Category Deliverables:

☐ Organization will create or improve **##** of community gardens that are inclusive, intergenerational and age-friendly public spaces for older adults and all residents.
Amount: _____

☐ Organization will create or improve **##** of community garden plots to benefit residents (with a focus on people 50-plus).
Amount: _____

☐ Organization will add **##** community garden design features for improved accessibility such as accessible benches and raised garden beds (especially for older adults).
Amount: _____
Please describe garden design features: _____

☐ Organization will deliver **##** programs/events to increase participation in the community garden amongst underrepresented groups (with a focus on people 50-plus).
Amount: _____

☐ Organization will engage **##** of community members as volunteers to encourage healthy aging and intergenerational interactions (with participation targeted to older adults).
Amount: _____

☐ Other
Please describe: _____
Amount: _____

19. **Printed Publications. *** AARP will mail your organization printed copies of the AARP publication necessary for your project. (They are also available to download for free HERE.) How many copies of the printed publication do you anticipate requiring?

Quantity: _____

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Microgrant Application Continued…

PROJECT NARRATIVE AND BUDGET

Please complete each section with 750 characters or fewer (including spaces).

20. **Community engagement.** * Please describe: 1) How residents and local organizations have been engaged in the area's livable communities' activities to date; and 2) How you will involve them as you execute this grant (with a focus on people 50-plus).

   _____

   _____

21. **Older Adults.** * How will your project benefit residents age 50 and over?

   _____

   _____

22. **Role of volunteers.** * Will volunteers age 50 and older play a role in the implementation of the Community Challenge project?

   ☐   Yes

   ☐   No

   c.   **Please describe.** * Even if you answered "No" above, if volunteers of any age will play a role in implementing the Community Challenge project, please explain.

   _____

23. **Diversity and Inclusion.** * Will your project focus on, impact or benefit a specific multicultural population of older adults and their families in the community? If so, please select the one or two who will be primarily impacted below.

   ☐   African American/Black

   ☐   Hispanic/Latino

   ☐   Asian American Pacific Islander

   ☐   Native American

   ☐   LGBTQ+

   ☐   Other Not Listed Above: _____

   ☐   None

   Please describe how the effort focuses on or impacts this population (including any emphasis on people 50-plus and their families).

   _____

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Microgrant Application Continued…

24. **Project Budget Breakdown. *** The *Capacity-Building Microgrant* includes a $2,500 grant. Please explain briefly how you will use this funding. Consider contracted services, materials and supplies, staff costs, travel expenses, etc. As a reminder, copies of AARP Publications will be provided to you (please see Question #19).

> **For example:**
> - *We will use the grant funding for our Community Garden to buy new hand shovels, wheelbarrows, quick connect lightweight hoses ($500), seeds/seedlings ($200), have a Master Gardener to give multiple educational group presentations ($400), outreach activities for events ($75), and wood to construct two accessible benches and install at least five new accessible raised beds in the existing community garden ($1,325).*
>
> - *We will use our grant for reflective safety vests for our volunteers doing walk audits ($50), traffic cones or temporary lane delineators ($600), temporary traffic signs ($350), pay for crossing guard or off-duty policeman to help direct traffic ($500), facility rental for two community meetings ($600), meeting facilitator ($400).*

_____

_____

_____

25. **Other Funding.** AARP might be contacted by other potential funders that could be interested in funding projects that were not funded through the AARP Community Challenge. The potential funders may have additional process steps and funding requirements than those of the AARP Community Challenge. If requested, AARP would like to send your contact information, organization name and a short description of your proposal, including the community where the project would take place ("Project Information"). Please note that these projects will be subject to any potential funder's own terms, conditions and review. Please indicate in your application whether or not you give permission to AARP to share your Project Information with other potential funders. If you select "yes," you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with sharing the Project Information with potential funders. We will alert you before this Project Information is given to potential funders. **Do you give AARP permission to share this Project Information with other organizations that might be interested in funding your project?**

☐ YES

☐ NO

An opportunity for other possible AARP funding. Please note that by submitting a proposal for the AARP Community Challenge initiative, you and your organization give AARP permission to reach out to you and others at your organization about other possible AARP funding opportunities that your proposal may be eligible for based on the AARP Community Challenge criteria. However, please note that AARP is not obligated in any way to consider your proposal for any additional AARP funding.

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Microgrant Application Continued…

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