



## SPRA Forever...in *motion* Grant

### Application Form

This application form is to be used as the format required for the Grant. If there is not enough room for information, attachments will be accepted. Please print clearly or complete the form electronically. Illegible applications cannot be processed.

SPRA Active member: \_\_\_\_\_  
(Community/Organization)

**Contact Information:** (Please note the contact name on the application must match the contact name on the SPRA membership)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the best form of contact: Email ☐ Phone ☐ Both ☐

### Proposal

Program Name: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

Is this **Forever...in motion** program new to your community? Yes ☐ No ☐

Program Start Date: \_\_\_\_\_ Program Completion Date: \_\_\_\_\_

Are there **Forever...in motion** trained Leaders in your community? Yes ☐ No ☐

If yes, please list names: \_\_\_\_\_

Estimated percentage of Older Adults in the Community: \_\_\_\_\_ %

How will you focus on this population? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## SPRA Forever...in *motion* Grant

Why do you want to implement a **Forever...in *motion*** program?

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Describe the need your program will meet in your community. How was the need for the program determined?

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**Outcomes:** (Tell us about your anticipated results and what you believe the impact will be. What are you hoping to achieve? Include measureable numbers, such as improved participation rates, more days and more minutes active, etc.).

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**Evaluation:** (How will you determine if the program is successful?)

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