

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 on the SPRA membership)	ct name on the application must match the contact name	
Name:		
Address:		
City/Town:	Postal Code:	
Phone Number:	Email:	
Indicate the best form of contact: Email \square Phone \square Both \square		
Proposal		
Program Name:		
Amount of Funding Requested: \$		
Is this Foreverin <i>motion</i> program new to your community? Yes \square No \square		
Program Start Date:	Program Completion Date:	
Are there Foreverin <i>motion</i> trained Leaders in your community? Yes \Box No \Box		
If yes, please list names:		
Estimated percentage of Older Adults in the Community:%		
How will you focus on this population?		



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Why do you want to implement a Forever in <i>motion</i> program?	
Describe the need your program will meet in your community. How was the need for the program determined?	
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.).	
Evaluation: (How will you determine if the program is successful?)	



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Budget: (Note: revenues must equal expenses)

Revenues	Expenses	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
Total Revenues: \$	Total Expenses: \$	
Action Plan: (Proposed timeline for planning and implementing the program)		
I, (SPRA Active member representative— please print), will be responsible to ensure that the Grant deliverables are met. If the deliverables are not met, I will be responsible for informing SPRA and understand the granted funds are to be returned.		
Signed:		
Date:		

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