

NF
Kathy
Senior Nutrition

FILED
NO. 95-065

SOCIAL SERVICE FIXED FEE GRANT APPLICATION 95 MAY 11 A9:26

GRANTOR AGENCY: STATE OF NEVADA, DIVISION FOR AGING SERVICES

1. PROGRAM NAME: Douglas County Homemaker	4. PROGRAM NUMBER: BY <i>[Signature]</i> DEPUTY
2. PROGRAM DIRECTOR: Maryon Lewis	5. TYPE OF SERVICE TO BE FUNDED: Homemaker
PROGRAM ADDRESS: 2300 Meadow Lane Gard., Nv. 89410	6. GRANT PERIOD: 07/01/95 - 06/30/96
PROGRAM PHONE: 782-3075	7. GRANTEE TYPE: (CHECK ONE) FOR-PROFIT NON-PROFIT GOVERNMENTAL
PROGRAM FAX:	
3. APPLICANT (GRANTEE Douglas County)	X
APPLICANT ADDRESS: P.O. Box 218 Minden, Nv.	8. ENTITLEMENT REQUEST: (CHECK ONE)
APPLICANT PHONE: 782-9821	X TITLE III-B
APPLICANT FAX: 782-9007	TITLE III-D OTHER

9. TYPE OF UNIT A
HOMEMAKER

10. FUNDING SUMMARY	XXXXXXXXXXXXXXXXXXXXX
A. TITLE III REQUEST	\$14,500
B. REQUIRED MATCH	\$2,559
C. PROGRAM INCOME	\$1,250
D. FEDERAL SUB-TOTAL	\$18,309
E. NON-MATCH	\$0
F. TOTAL	\$18,309

11. RATE SUMMARY	XXXXXXXXXXXXXXXXXXXXX
A. TITLE III RATE	\$13.50
B. REQUIRED MATCH PER UNIT	\$2.38
C. PROGRAM INCOME PER UNIT	\$1.00
D. FEDERAL FUNDING TOTAL	\$16.88

12. NUMBER OF REQUESTED UNITS	XXXXXXXXXXXXXXXXXXXXX
A. TITLE III	1,074
B. OTHER UNITS	
C. TOTAL UNITS	1,074

13. THE APPLICANT CERTIFIES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.	14. DATE RECEIVED BY THE DIVISION FOR AGING SERVICES
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ROBERT A. ALLGEIER, CHAIRMAN DOUGLAS CO. COMMISSIONERS

NAME/TITLE OF AUTHORIZED OFFICIAL

Robert A. Allgeier 4/13/95
SIGNATURE AUTHORIZED OFFICIAL/DATE

COOPY

REQUESTED BY
Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

SEAL

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

'95 MAY 11 AM 11:38

DATE: May 11, 1995
B. P. BEO Clerk of the 19th Judicial District Court
of the State of Nevada, in and for the County of Douglas.

LINDA SLATER
RECORDER

By *[Signature]* Deputy

PAID DEPUTY **361913**

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