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SOCIAL SERVICE FIXED FEE GRANT APPLICATION

BARBARA WELLS
DEPUTY

GRANTOR AGENCY: STATE OF NEVADA, DIVISION FOR AGING SERVICES

1. PROGRAM NAME: Douglas Co. Senior Transportation	4. PROGRAM NUMBER: AOAN019-B
2. PROGRAM DIRECTOR: Maryon Lewis PROGRAM ADDRESS: 2300 Meadow Lane Gard., Nv. 89410 PROGRAM PHONE: 782-3075 PROGRAM FAX:	5. TYPE OF SERVICE TO BE FUNDED: Senior Transportation 6. GRANT PERIOD: 07/01/95 - 6/30/96 7. GRANTEE TYPE: (CHECK ONE) FOR-PROFIT NON-PROFIT GOVERNMENTAL
3. APPLICANT (GRANTEE) Douglas County APPLICANT ADDRESS: P.O. Box 218 Minden, Nv. APPLICANT PHONE: 782-9821 APPLICANT FAX: 782-9007	8. ENTITLEMENT REQUEST: (CHECK ONE) TITLE III-B TITLE III-D OTHER

9. TYPE OF UNIT	A TRANSPORTATION
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10. FUNDING SUMMARY	XXXXXXXXXXXXXXXXXXXXX
A. TITLE III REQUEST	\$11,187
B. REQUIRED MATCH	\$1,974
C. PROGRAM INCOME	\$1,800
D. FEDERAL SUB-TOTAL	\$14,961
E. NON-MATCH	\$7,168
F. TOTAL	\$22,129

11. RATE SUMMARY	XXXXXXXXXXXXXXXXXXXXX
A. TITLE III RATE	\$3.10
B. REQUIRED MATCH PER UNIT	\$0.55
C. PROGRAM INCOME PER UNIT	\$0.80
D. FEDERAL FUNDING TOTAL	\$4.45

12. NUMBER OF REQUESTED UNITS	XXXXXXXXXXXXXXXXXXXXX
A. TITLE III	3,609
B. OTHER UNITS	
C. TOTAL UNITS	3,609

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

ROBERT A. ALLGEIER, CH., DOUGLAS CO. COMMISSIONERS

NAME/TITLE OF AUTHORIZED OFFICIAL

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

361914
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COPY

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

'95 MAY 11 AM 11:40

LINDA SLATER
RECORDER

S PAID *B* DEPUTY

361914

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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.

SEAL

DATE: *May 11 1995*
B. R. ... Clerk of the *1995* Judicial District Court
of the State of Nevada, in and for the County of Douglas.

By *W. ...* Deputy