

FY25 Senior & Community Center Grants

St. Louis City Senior Fund

Application

Program Name*

Enter into field: Center Grant for [Name of Your Organization]

Character Limit: 100

Grant Eligibility*

The following are required to be eligible for this grant. Please check each box indicating the statement applies to your organization.

Choices

- Tax-exempt status under IRS Section 501c3 or City of St. Louis Government Entity.
- Center is located within the boundaries of the City of St. Louis.
- Serves older adults, 60 years or older, at location.
- Center is open to the public during specific times during the week.
- Offers free or donation-based programs and services.
- Offers at least two services for older adults listed in the RFP.
- Has policies and procedures in place to manage finances.
- Can provide documentation of past organization financials when requested.

Reason for Funding Request*

What types of capital improvements are you requesting support for? (check all that apply)

Choices

- Building improvement or repair
- Purchase new or repair existing equipment
- Purchase new or replace existing organization vehicle
- Technology-related improvement
- Planning for future capital or technology improvements

Organization Background

Services for Older Adults*

Briefly describe the programs and services that your organization currently provides for older adults and how many years your organization has been operating in the City of St. Louis.

Character Limit: 10000

Geographic Areas Served*

Please describe your primary service area, including listing the primary zip code(s) (or neighborhoods) your organization is currently serving within the City of St. Louis.

Character Limit: 10000

Total Clients Served*

How many unduplicated clients did your organization serve last year?

Character Limit: 250

St. Louis City Served*

Approximately, how many clients (# or %) of Total Clients Served were St. Louis City Residents?

Character Limit: 250

St. Louis City Seniors Served*

Approximately how many clients (# or %) of Total Clients Served were 60 years or older (or 65 if 60+ breakdown is not available) AND St. Louis City residents?

Character Limit: 250

Grant Request

Description of Grant Request*

Describe what your organization will use this grant for and how it will increase—or ensure continuation of—your organization’s capacity to deliver services and programs for older adults. Please be as specific as possible about how you intend to use grant dollars.

Character Limit: 10000

Timeline*

Describe the timeline for using your grant if awarded (grant awards are anticipated to be available as of April 2025).

Character Limit: 10000

Line-Item Budget

Enter the total costs for your capital or technology improvements to be supported by this grant and how much you are requesting from the Senior Fund. Not every line item or table cell will be applicable. If not applicable, then enter “0”. See Application Guide for descriptions of each category.

	Total Cost	Request from Senior Fund
Contract/Professional Services		
Supplies and Equipment		

Vehicle Purchase		
Total		

Amount Requested from Senior Fund*

Enter the total amount you are requesting from Senior Fund.

Character Limit: 20

Other Funding Sources*

For requests that are not requesting 100% of the total costs from Senior Fund, what are the other sources of funding you are using to support the capital or technology improvements you are seeking Senior Fund support for? Please be as specific as possible, including names and amounts of confirmed funding sources.

If requesting 100% of the total costs, please enter "Not applicable."

Character Limit: 10000

Barriers for Capital Funding*

What challenges, if any, has your organization experienced in fundraising for capital expenses such as the expenses you are seeking Senior Fund support for?

Character Limit: 10000

Quotes/Estimates*

Upload quotes or other estimates (e.g., screenshots or print-outs from vendor websites you are purchasing from) that show the costs for the contract services you will be using or the item(s) to be purchased.

The total of quotes and estimates should equal what was entered in the Total Cost column of your line-item budget. If you have more than three files to upload, contact Senior Fund for assistance at info@stlseniorfund.org or 314-535-6964, Ext 24.

File Size Limit: 2 MB

Quotes Upload 2

File Size Limit: 2 MB

Quotes Upload 3

File Size Limit: 2 MB

Costs over \$10,000*

Are you asking for support for individual items or contract services that cost over \$10,000?

Choices

Yes

No. We are not requesting support for anything that costs more than \$10,000.

Costs over \$10,000

Other Quotes Over \$10,000*

Please upload 2 additional bids, quotes, or estimates that you have obtained for any items or services over \$10,000.

File Size Limit: 2 MB

Other Quotes over \$10,000 - 2

File Size Limit: 2 MB

Other Quotes over \$10,000 - 3

File Size Limit: 2 MB

Other Quotes Explanation

If you were unable to get multiple quotes or estimates, please explain why (for example, only one local vendor that has the equipment you need, contractor has specialized knowledge or experience).

Character Limit: 10000

Organization Finances

Applicants must have policies and procedures in place to manage finances and can provide documentation of past financials when requested either through this application and/or during the grant review process.

Organization Annual Budget*

Enter your organization's total annual budget expenses for your current fiscal year.

Character Limit: 20

Organization Budget Upload*

Upload an internally prepared organization income statement, showing planned revenue and expenses, for your organization's current fiscal year.

File Size Limit: 2 MB

Organization 990*

Upload your organization's most recent 990. If your organization does not have a 990, please include the reasons why in the text box below.

Character Limit: 10000 | File Size Limit: 2 MB

Current/Active Grant*

Do you have a grant from Senior Fund that is active as of July 1, 2024?

Choices

Yes

No

Additional Attachments

External Audit*

Does your organization complete an external audit?

Choices

Yes

No

External Audit Upload

If your organization completes an external audit, please upload a complete copy of your organization's externally audited/reviewed/compiled financial statements for the last fiscal year (which should include two (2) years of financial information).

File Size Limit: 3 MB

If your organization does not complete an external audit, you will need to upload two financial statements listed below.

Statement of Activities

Upload your organization's financial Statement of Activities (Income Statement) for your previous fiscal year. You can view a description of statement of activities [HERE](#).

Skip this if you uploaded a copy of your external audit above.

File Size Limit: 2 MB

Statement of Financial Position

Upload your organization's Statement of Financial Position (Balance Sheet) for your previous fiscal year. You can view a description of statement of financial position [HERE](#).

Skip this if you uploaded a copy of your external audit above.

File Size Limit: 2 MB

Board of Directors*

Upload a list of your current board of directors.

File Size Limit: 1 MB

IRS Letter of Determination

If your organization is a nonprofit, please upload your letter of determination from the IRS. If you do not have a copy of your letter of determination, see instructions [HERE](#) for obtaining one.

File Size Limit: 1 MB

Executive Officer Acknowledgements

Confirmation of Content*

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status, or government agency status, of our organization is still in effect. If a grant is awarded to our organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from St. Louis City Senior Fund will be used in compliance with all applicable antiterrorist financing and asset control laws, statutes, and executive orders.

Choices

I certify information submitted

Supplanting Funds*

Grants from Senior Fund should not supplant or take the place of existing funding your organization has access to for capital expenses.

Choices

I confirm that our request, if awarded, will not supplant existing funds for these expenses.

One-Time Support Acknowledgement*

I acknowledge that Senior Fund is not responsible for any maintenance or ongoing expenses for the capital-related items or services purchased with support of this grant request. Our organization has sufficient funding to support the expenses tied to the use of the equipment, including any vehicle, we intend to purchase.

Choices

I confirm our organization has sufficient funds to support use and maintenance of grant purchases.

Approval of Submission*

I certify that I approve submission of this application.

Choices

I confirm approval.

Name and Title of Executive Officer*

Character Limit: 250