



## Healthy Aging Fund Application

**Directions:** Complete the organization information and application in the sections below. All sections of the application must be completed to be considered for funding.

### Organization information:

Name of Organization:

Address: City: State: Zip:

Employer ID #:

Organization must be a 501(c)3 to apply. Is your organization a 501(c)3? Yes No

Counties in proposed service area:

### Organization point of contact:

Full Name: Title:

Phone: Email Address:

### Program(s) you propose to offer:

*(\* programs require two trained leaders)*

- |  |  |
|--|--|
| <input type="checkbox"/> A Matter of Balance*                  | <input type="checkbox"/> Programa de Manejo Personal de la Diabetes* |
| <input type="checkbox"/> Arthritis Foundation Exercise Program | <input type="checkbox"/> Stay Active and Independent for Life        |
| <input type="checkbox"/> Diabetes Prevention Program           | <input type="checkbox"/> Stepping On*                                |
| <input type="checkbox"/> Living Well with Chronic Conditions*  | <input type="checkbox"/> Tai Ji Quan: Moving for Better Balance      |
| <input type="checkbox"/> Living Well with Chronic Pain*        | <input type="checkbox"/> Tomando Control de su Salud*                |
| <input type="checkbox"/> Living Well with Diabetes*            | <input type="checkbox"/> Other: _____                                |

**Name, role in your organization, and training date for each person you will train to deliver the program(s):**

*(include name of program next to date if proposing to attend more than one training)*

1<sup>st</sup> Trainee Full Name:

2<sup>nd</sup> Trainee Full Name:

Role in Organization:

Role in Organization:

Anticipated Training Date(s):

Anticipated Training Date(s):

List Any Additional Trainee(s):

**Describe your plans to facilitate your first class, including format (online or in-person), timeline, and participant recruitment.**

**Calculate Funds Requested**

Start up funds (\$750 per program) \$

Training Expenses \$

Total Funds Requested \$

The applicant organization will ensure that fidelity for all evidence-based programs is maintained and will ensure participant privacy and confidentiality following the HIPAA Privacy Rule.

The applicant organization will be responsible for securing class location, scheduling, promotion and recruitment of participants. The applicant organization will inform MNRAAA of each class series scheduled, within one week of confirmation, to coordinate promotion.

Applicant organizations will report on the number of people served by the program(s), number of people trained to deliver the program(s), number of classes held, the counties served, and any challenges and successes in a final grant report due July 31, 2022.

Applicant organizations can choose to partner with Juniper ([www.yourjuniper.com](http://www.yourjuniper.com)) as a Provider Organization (PO). Contact Krista Eichhorst, MNRAAA program development supervisor, for Juniper information, support and assistance in becoming an PO: [keichhorst@mnraaa.org](mailto:keichhorst@mnraaa.org) or 507-387-1256 x 101.

Name and Title of Individual Authorized to Commit the Applicant Organization to this Proposal:		
Name and Title	Signature	Date

**Email completed applications to:**  
Krista Eichhorst, Program Development Supervisor  
Minnesota River Area Agency on Aging  
[keichhorst@mnraaa.org](mailto:keichhorst@mnraaa.org)

**Mission Statement**

*The Minnesota River Area Agency on Aging provides advocacy, information, resources and assistance so that older adults can maintain the lifestyle of their choice.*