

SUBGRANTEE APPLICATION - TITLE V PROGRAM

INSTRUCTIONS: When completed, **send one (1) original application**, with the authorized signature in blue ink as indicated below, **and two (2) copies of the completed original application** to: Tim Kovarik, The New York State Office for the Aging, 2 Empire State Plaza, 4th Floor, Albany, NY 12223-1251. Keep one (1) file copy.

1. County Name	2. Program Period: From: 7/1/13 to 6/30/14
3. Subgrantee Organization: Name: _____ Address: _____ City: _____ NY Zip _____ Name of SCSEP Contact Person: _____ Phone: Area Code: _____ Number: _____	
4. Official Authorized to Receive Payments: Name: _____ Title: _____ Address: _____ City: _____ NY Zip _____	
5. Terms and Conditions: The Area Agency agrees with respect to any funds used for programs described in this application to comply with all applicable federal, state and local laws and rules including the following: <ul style="list-style-type: none"> a) Title V of the Older Americans Act of 1965 as amended; b) U.S. Dept. of Labor Rules and Regulations for Title V; c) New York State Office for the Aging Rules and Regulations which may pertain to Title V; d) Article 15 of the New York State Executive Law (Human Rights Law); e) Title VI of the Civil Rights Act of 1964; f) Section 504 of the Rehabilitation Act of 1973; g) Age Discrimination in Employment Act of 1975; and h) Americans with Disabilities Act of 1990 (42USC12101 See 92-PI-32). <p>The Area Agency further agrees to comply with all of the conditions and Standard Assurances included in the Annual Implementation Plan and this application for funding as approved by the New York State Office for the Aging, including the Title V Standard Assurances.</p>	
_____ Typed Name of Individual Authorized to Sign Application for the Subgrantee Organization	_____ Title
_____ Signature	_____ Date