

**APPLICATION FOR NY CONNECTS NO WRONG DOOR BUSINESS CASE  
DEVELOPMENT FUNDING**

**Program Period: September 01, 2018 to August 31, 2020**

**Funded under grant from the Administration for Community Living**

**Instructions:** Please complete the following informational form and submit one (1) original signed copy  
in PDF format to:

Amy Hegener

[Amy.Hegener@aging.ny.gov](mailto:Amy.Hegener@aging.ny.gov)

New York State Office for the Aging

Two Empire State Plaza, 4<sup>th</sup> Floor, Albany, NY 12223-1251

Area Agency: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grant Administrator: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address (if different from the AAA): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

**TERMS AND CONDITIONS:** The undersigned agrees with respect to any funds received under this grant to comply with all applicable federal, state and local laws, Program Instructions, regulations and standards, and that the project will be administered in accordance with the programmatic and fiscal provisions as described in the approved application.

The person authorized to enter into Agreement with the New York State Office for the Aging should sign below.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_