**2023-2024**
**Medicare Improvements for Patients and Providers Act (MIPPA) Application**
**Signature Page**

**AAA Information**

County: ____________________________ Director: ___________________________________

Street Address: _________________________________________________________________

City/State: _______________________________________ Zip Code: ___________________

**State Health Insurance Assistance Program (SHIP) / Health Insurance Information Counseling and Assistance Program (HIICAP) Coordinator Information**:

HIICAP Coordinator: _____________________________________________________________

Phone: ____________________________________ Email address: ______________________

Mailing Address (if different from AAA) Street ________________________________________

City/State: _______________________________________ Zip Code: ___________________

**Aging and Disability Resource Center (ADRC) / NY Connects Coordinator Information:**

NY Connects Coordinator: _________________________________________________________

Phone: ____________________________________ Email address: ______________________

Mailing Address (if different from AAA) Street ________________________________________

City/State: _______________________________________ Zip Code: ___________________

## Funding / Terms and Conditions

MIPPA Funding 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 an Agreement with the New York State Office for the Aging must sign below.

Print Name: _____________________________________ Title: _________________________

Signature: _______________________________________ Date: _________________________

Please complete the application for MIPPA funding signature page, budget, and if applicable, contractor budget, and submit them electronically to MIPPA@aging.ny.gov. If unable to send these documents electronically, they may be mailed to NYSOFA via U.S. Postal Service. Refer to Program Instruction.

Grant funded by the Administration for Community Living