

## Request for WIAAA FY 2019 RFP Grant Application(s)

1. Organization name: \_\_\_\_\_
2. Contact name: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Phone number: \_\_\_\_\_
6. **Would you like your Grant Application mailed on CD disc or have an emailed link sent to download files?**
  - Send packet via US Mail
  - Email Link to download files
7. Agency is applying for the following competitive service(s):
  - Nutrition Services** (Congregate & Home Delivered)
  - Legal Assistance**
  - Transportation**
  - Family Caregiver Access Assistance (non-cfp)**
  - Family Caregiver Individual Counseling (non-cfp)**
  - Respite Care:**
    - Adult Day Care
    - In-Home
    - Institutional
8. Are you planning to attend WIAAA FY2019 Bidder's Conference held at Western Illinois University, Moline -Riverfront Hall room 222 on June 18 from 10:00 a.m. – noon?
  - Yes  No If yes, how many will be attending? \_\_\_\_\_

### WIAAA STAFF ONLY

Date this request was received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date the RFP was mailed and/or emailed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date of follow-up call: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date application was received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_