



Request for Proposals:

Tennessee Major Senior Center Grants

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For more information, please contact:

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Grant Overview

Background

The Tennessee Department of Disability and Aging (DDA) is the designated State Unit on Aging (SUA) and is mandated to provide leadership relative to aging issues on behalf of older persons in the state. Our mission is to support older Tennesseans and those with disabilities to live the lives they envision for themselves.

DDA has received a non-recurring allocation of three million dollars (\$3,000,000) from the Tennessee General Assembly (House Bill No. 2973, Section 61 item 18, page 112) to distribute to senior centers across the state through a competitive grant process. Through this process, a scoring metric will be used to distribute these funds in support of the vital work senior centers do to assist older adults across Tennessee have access to resources, activities, and social connection.

Request for Proposals

DDA is seeking proposals from senior centers across Tennessee that describes how the senior center intends to use the funding, if awarded, for improvement of and benefits of the senior center and the participants. These funds are non-recurring which means funds are not guaranteed on an annual basis.

Contract

All grantees will be sent a contract after receiving a Notice of Award (see grant timeline for more details). This contract **MUST** be signed by the authorized signatory listed on the Senior Center Grant Application before funding will be sent to the senior center.

Reporting Requirements

A report template has been created and will be provided to each grant recipient. This template will be completed three during the grant cycle; once by **March 31, 2025 (Mid-Term)**, once by **October 31, 2025 (Mid-Term)** and once by **April 30, 2026 (Final)**. All grantees are required to submit the following information:

- 1) Narrative summary about the impact the funding had on the center and the items/materials purchased;
- 2) Number of unduplicated people served;
- 3) Pictures of items, materials, programs, activities, etc. purchased using grant funds;
- 4) Fiscal Cover Sheet

If applicable, testimonials from center members about how the funding impacted their participation at the center.

Funding

Award Amounts

DDA will award major grants starting at a minimum of ten thousand dollars (\$10,000) to a maximum one hundred thousand dollars (\$100,000) each based on the need of the center applying for funds. The increased funding will allow senior centers to request the amount of funds needed to benefit their center the most rather than a set monetary amount.

These grants will be competitive meaning not all applications may receive funding. Grant recipients must expend all grant funds by **March 31, 2026**.

Register with the State

If a senior center has not received previous grant funding, DDA strongly recommends that the senior center register to be a supplier with the State of Tennessee as soon as possible. To register as a State of Tennessee supplier, please use the link below and click “Register as a Supplier” in the middle section of the webpage.

- [Register as a Supplier](#)
- [Supplier Guide: Registering to do Business with the State of Tennessee](#)

Direct Deposit

For any senior center that does not have direct deposit set up with Edison Maintenance through the State, it is strongly recommended that an application is completed as soon as possible using the link below. This will allow for the funds to be distributed to award recipients quickly and efficiently.

- [Edison Maintenance Direct Deposit form and instructions](#)

Funding Distribution

Senior centers who receive funding through this grant will be required to submit invoices, estimates or receipts of purchases to be reimbursed before funding is released. Funds will not be distributed in advance for grant recipients.

Application Eligibility and Logistics

Eligibility

For the purpose of this grant, all senior centers in the state of Tennessee that meet one of the following definitions are eligible and encouraged to apply for this funding opportunity:

- 1) a single purpose agency with programs and activities designed and operated only for the benefit of adults aged 60 and over; or
- 2) a multi-purpose agency with a broad spectrum of services, which shall include provision of health, social, nutritional, and educational services, and the provision of facilities for recreational activities for adults aged 60 and over.

It is encouraged that funding be used to support goals such as, but not limited to:

- 1) Capital Projects (building improvements, equipment, etc.)
- 2) Marketing
- 3) Programming/Activities
- 4) Routine Operating Expenses

Funding Limitations

Funding may **NOT** be used for:

- 1) Purchase of gift cards for any purpose
- 2) Staff salaries

Grant Timeline

Date	Action
June 17, 2024	Request for Proposal available for review
June 26, 2024 (10:00am CST/11:00am EST)	**Informational Session
July 8, 2024	Start date for applications to be submitted
August 9, 2024 (4:00pm CST/5:00pm EST)	Deadline for applications to be submitted
August 30, 2024 (4:00pm CST/5:00pm EST)	Anticipated date for Notice of Awards
Fall 2024	Contracts to grantees to sign
Winter 2024/2025	All funding distributed to grantees
March 31, 2025	Mid-Term Report due (template will be provided)
October 31, 2025	Mid-Term Report due (template will be provided)
March 31, 2026	All funding must be spent by grantees
April 30, 2026	Final Report due (template will be provided)

****An informational webinar will be held for interested parties on **Wednesday, June 26 at 10:00a CST (11:00a EST)**. The webinar will be recorded and posted on the TN Senior Center Resource Library within two (2) days. Webinar information can be found below or email Sidney Enss at Sidney.Enss@tn.gov for additional details.**

- **Webinar Link - [Click here to join the meeting](#)**

Application Requirements

All applicants are required to complete the Senior Center Grant Application using the enclosed application or electronically using the [Electronic Senior Center Application](#).

- 1) Name of Senior Center
- 2) Type of Entity (How the senior center is registered through the Secretary of State)
 - a. Nonprofit
 - b. City Government
 - c. County Government
- 3) Senior Center Physical Address
Senior Center Mailing Address (if different than listed above)
- 4) County of Senior Center Location
- 5) Senior Centers Hours of Operation
- 6) Senior Center Contact (This person will be the primary contact and receive all grant correspondence primarily via email)
 - a. First & Last Name
 - b. Title/Position at the Senior Center
 - c. Email Address
 - d. Phone Number
- 7) Authorized Signatory (Person authorized to sign contracts on behalf of the center)
 - a. First & Last Name
 - b. Title/Position at the Senior Center
 - c. Email Address
 - d. Phone Number
- 8) Amount of funding being requested (\$10,000-\$100,000) _____.
- 9) Grant Goals
 - a. Capital Projects (building improvements, equipment, etc.)
 - b. Marketing
 - c. Programming/Activities
 - d. Routine Operating Expenses
- 10) Project Narrative (40 points total)
 - a. Project Relevance & Current Need (15 points)
 - b. Project Impact (20 points)
 - c. Project Timeline (between October 1, 2024 – March 31, 2026) (5 points)
- 11) Project Budget & Justification (10 points)
 - a. Budget template provided.
- 12) Letter of Support from State Representative (See Appendix D for a sample letter)

- 13) Letter of Support from State Senator (See Appendix D for a sample letter)
- 14) Copy of organizations most recent W-9 form
- 15) Preferred Payment Method (If awarded a grant, select your preference on receiving grant funds)
 - a. Direct Deposit
 - i. Last 4 digits of the account number
 - b. Check Mailed
 - i. Address the check should be mailed to
- 16) Grant Agreement

ALL items listed above **MUST** be submitted to be considered a complete application. If any items are missing, the application **WILL NOT** be considered for funding.

Scoring Metrics

Five (5) main scoring metrics will be used to determine total score for each grant submission. These metrics include:

- 1) 2024 Targeted Area ([Department of Economic and Community Development](#)) - See Appendix A for county breakdown.
 - a. 5 pts "Distressed"
 - b. 4 pts "At Risk"
 - c. 3 pts "Transitional"
 - d. 2 pts "Competitive"
 - e. 1 pt. "Attainment"
- 2) Estimated 65+ Population in 2024 ([Tennessee Department of Health, pg. 5-6](#)) – See Appendix B for county breakdown.
 - a. 5 pts 30% or higher
 - b. 4 pts 25-29.9%
 - c. 3 pts 20-24.9%
 - d. 2 pts 15-19.9%
 - e. 1 pt. 10-14.9%
- 3) Adults 65+ at Poverty Level (based on [US Census Bureau Poverty Status in the Past 12 Months](#)) - See Appendix C for county breakdown.
 - a. 5 pts 25% or higher
 - b. 4 pts 20-24.9%
 - c. 3 pts 15-19.9%
 - d. 2 pts 10-14.9%
 - e. 1 pt. 9.9% or lower
- 4) Project Narrative (40 points total)
 - a. Project Relevance & Current Need (15 points)
 - i. Describe the current need of your center for funds you have requested.
 - ii. Describe the capacity of your center to complete the project you are proposing.
 - b. Project Impact (20 points)

- i. What are the expected project benefits for the center and its participants?
 - ii. Detail the goals and objectives you plan to achieve using this funding.
 - iii. Describe the impact your project will have on the center and its participants.
 - c. Project Timeline (between October 1, 2024 – March 31, 2026) (5 points)
 - i. Create a timeline of how these funds will be spent for this grant project.
- 5) Project Budget & Justification (10 points)
 - a. Budget template provided.

Tie Scores

In the event applicants have tie scores, the applicant who submitted their proposal the earliest will receive priority determination of funding. Therefore, it is important to submit your application as soon as possible.

2024 Senior Center Grant Application

1. Name of Senior Center _____

2. Type of Entity (How the senior center is registered through the TN Secretary of State)

- Nonprofit
- City Government
- County Government

3. Senior Center Physical Address

_____, TN _____

Senior Center Mailing Address (if different than listed above)

_____, TN _____

4. County of Senior Center Location _____

5. Senior Centers Hours of Operation

- a. Monday _____
- b. Tuesday _____
- c. Wednesday _____
- d. Thursday _____
- e. Friday _____

6. Senior Center Contact

NOTE: This person will be the primary contact and receive all grant correspondence primarily via email.

First Name _____ Last Name _____

Title/Position at the Senior Center _____

Email _____

Phone (_____) _____ - _____

7. Authorized Signatory

NOTE: This person is authorized to sign contracts on behalf of the senior center.

First Name _____ Last Name _____

Title/Position at the Senior Center _____

Email _____

Phone (____) _____ - _____

8. Amount of funding being requested (\$10,000 - \$100,000) _____.

9. Grant Goals (select all that apply)

- Capital Projects (building improvements, equipment, etc.)
- Marketing
- Programming / Activities
- Routine Operating Expenses

10. Project Narrative - Be as detailed as possible and answer the following questions using a separate page:

- a. Project Relevance & Current Need (15 points)
 - i. Describe the current need of your center for funds you have requested.
 - ii. Describe the capacity of your center to complete the project you are proposing.
- b. Project Impact (20 points)
 - i. What are the expected project benefits for the center and its participants?
 - ii. Detail the goals and objectives you plan to achieve using this funding.
 - iii. Describe the impact your project will have on the center and its participants.
- c. Project Timeline (between October 1, 2024 – March 31, 2026) (5 points)
 - i. Create a timeline of how these funds will be spent for this grant project.

11. Project Budget & Narrative – Complete the budget template below and detail the amount and justification for each expense. You may also complete this as a separate page for your grant submission.

Object Class Category	Grant Funds	TOTAL	Justification (detail the purpose of the expense)
Travel			
Professional Fees			
Supplies			
Contractual			
Other			
TOTAL			

12. Letter from State Representative: YES NO

13. Letter from State Senator: YES NO

14. Organization’s most recent W-9 form: YES NO

15. Preferred Payment Method

NOTE: If awarded a grant, select your preference on receiving grant funds.

Only select one option:

Direct Deposit
Last 4 digits of account number _____

Check Mailed
Address the check should be mailed:

_____, TN _____

Grant Agreement

I _____, understand, if awarded a Senior Center Grant, all funds received from this grant must be used for the improvement and benefit of the above-mentioned senior center and must be expended by March 31, 2026.

(Senior Center Contact's Printed Name)

(Senior Center Contact's Signature)

(Date)

Appendix A – 2024 Targeted Area ([Department of Economic and Community Development](#))

5 pts Distressed

Bledsoe
Clay
Cocke
Hancock
Hardeman
Lake
Perry
Scott

4 pts At-Risk

Benton
Campbell
Carroll
Carter
Claiborne
Decatur
Fentress
Greene
Grundy
Hawkins
Haywood
Houston
Jackson
Johnson
Lauderdale
Lewis
Macon
McNairy
Meigs
Morgan
Pickett
Rhea
Sequatchie
Unicoi
Van Buren
Warren
Wayne

3 pts Transitional

Anderson
Bedford
Blount
Bradley
Cannon
Chester
Coffee
Crockett
Cumberland
DeKalb
Dickson
Dyer
Franklin
Gibson
Giles
Grainger
Hamblen
Hamilton
Hardin
Henderson
Henry
Hickman
Humphreys
Jefferson
Lawrence
Lincoln
Loudon
Madison
Marion
Marshall
Maury
McMinn
Monroe
Montgomery
Obion
Polk
Putnam
Roane
Robertson
Rutherford
Sevier
Shelby
Smith

3 pts Transitional, cont.

Stewart
Sullivan
Tipton
Trousdale
Union
Washington
Weakley
White

2 pts Competitive

Cheatham
Davidson
Fayette
Knox
Moore
Sumner
Wilson

1 pt. Attainments

Williamson

Appendix B – Estimated 65+ Population in 2024 ([Tennessee Department of Health, pg. 5-6](#))

5 pts 30% or above

Cumberland
Pickett

4 pts 25-29.9%

Benton
Carter
Clay
Decatur
Fayette
Hardin
Henry
Jackson
Johnson
Loudon
Roane
Unicoi
Van Buren

3 pts 20-24.9%

Anderson
Bledsoe
Blount
Campbell
Cannon
Carroll
Claiborne
Cocke
Crockett
DeKalb
Fentress
Franklin
Giles
Grainger
Greene
Grundy
Hamblen
Hancock
Hardeman
Hawkins
Haywood
Henderson
Houston
Humphreys
Jefferson
Lawrence
Lewis
Lincoln
Madison
Marion
McMinn
McNairy
Meigs
Monroe
Moore
Morgan
Obion
Overton
Perry
Polk
Rhea
Sequatchie
Sevier
Stewart

3 pts 20-24.9% cont.

Sullivan
Union
Washington
Wayne
Weakley
White

2 pts 15%-19.9%

Bedford
Bradley
Cheatham
Chester
Coffee
Dickson
Dyer
Gibson
Hamilton
Hickman
Knox
Lake
Lauderdale
Macon
Marshall
Maury
Putnam
Robertson
Scott
Shelby
Smith
Sumner
Tipton
Warren
Williamson
Wilson

1 pt. 10%-14.9%

Davidson
Montgomery
Rutherford
Trousdale

Appendix C – Adults 65+ at Poverty Level (based on [US Census Bureau Poverty Status in the Past 12 Months](#))

5 pts 25% or above

Cumberland
Loudon
Pickett

4 pts 20-24.9%

Benton
Carter
Clay
Cocke
Decatur
Fayette
Fentress
Giles
Greene
Hancock
Hardin
Hawkins
Haywood
Henry
Jackson
Johnson
Meigs
Monroe
Obion
Polk
Roane
Sequatchie
Sullivan
Unicoi
Van Buren

3 pts 15%-19.9%

Anderson
Bledsoe
Blount
Bradley
Campbell
Cannon
Carroll
Cheatham
Chester
Claiborne
Coffee
Crockett
DeKalb
Dickson
Dyer
Franklin
Gibson
Grainger
Grundy
Hamblen
Hamilton
Hardeman
Henderson
Hickman
Houston
Humphreys
Jefferson
Knox
Lauderdale
Lawrence
Lewis
Lincoln
Madison
Marion
Maury
McMinn
McNairy
Moore
Morgan
Overton
Perry
Rhea

3 pts. 15%-19.9%cont.

Scott
Sevier
Smith
Stewart
Sumner
Union
Warren
Washington
Wayne
Weakley
White

2pts. 10-14.9%

Bedford
Davidson
Lake
Macon
Marshall
Putman
Robertson
Shelby
Tipton
Trousdale
Williamson
Wilson

1 pt. 9.9% or lower

Montgomery
Rutherford

Appendix D – Sample Letter to State Representative and Senator

Note: This letter should be written and signed on the letter head of the elected official

[DATE], 2024

Commissioner Brad Turner
Tennessee Department of Disability and Aging
502 Deaderick Street, 9th Floor
Nashville, TN 37243-0860

Dear Commissioner Turner:

I am pleased to write this letter of support for the **[Senior Center]**'s application for a senior center grant from the Tennessee Department of Disability and Aging. The **[Senior Center Name]** plans to use funds to **[brief project description]**. I believe this project will be an asset to the constituents of my district.

Sincerely,

[First and Last Name]
[Representative / Senator]
Tennessee General Assembly