Mississippi Leadership Council on Aging

FY27 MLCOA Grant Application

State of Mississippi Appropriation | Project period: October 1, 2026 - May 31, 2027

Funding source: State funds appropriated to DPS for MLCOA under Senate Bill 3067, 2026 Regular Session.

Application deadline: September 15, 2026 **Maximum request:** $5,000 **Awards:** Reimbursement only

Before You Begin

- For purposes of this application, an "older adult" means an individual who is 60 years of age or older, consistent with the Older Americans Act of 1965, as amended (42 U.S.C. § 3002).
- The primary applicant and fiscal agent must be a county or municipal law-enforcement agency.
- Only one application per county will be accepted.
- Answer every required question. Use "Not applicable" when appropriate.
- The application is scored on the information submitted by the deadline. Material rewrites will not be accepted after the deadline.
- If awarded a grant, you must attend the mandatory **Grant Implementation Training on October 7, 2026, at DPS Headquarters located at 209 Allen Stuart Drive, Pearl, MS 39208, from 1:00 P.M. - 3:00 P.M., this training will only be offered in-person.** Please save the date. Additional information will be provided with the award notification.

1. Applicant and Project Information

Field	Applicant Response
Applicant law-enforcement agency	
County served	
Mailing address	
Authorized agency official and title	
MLCOA Project Director	
Project director email and phone	
Financial officer and title	
Financial officer email and phone	
TRIAD of (County/City)	
Amount requested	

☐ Initial applicant ☐ Continuation applicant If continuation, grant year: _____

2. Eligibility and Coalition Partners

☐ The project primarily serves Mississippi residents age 60 or older.

☐ The applicant can pay approved expenses before requesting reimbursement.

☐ The project will be completed during the grant period.

☐ No proposed expense has been or will be charged to, reimbursed by, or claimed under another grant, program, donation, insurance payment, or other funding source.

☐ The proposed project will only be considered for reimbursement of approved items written in this grant application. See approved expenditure list.

List every participating organization and its specific role.

Organization	Contact	Role in Project	Commitment Confirmed?

3. Project Summary - 20 Points

In 250 words or fewer, explain what the project will do, who it will serve, where it will occur, and the main result expected.

4. Statement of Need — 20 Points

Describe the local senior population, relevant crime or safety concerns, available services, remaining gaps, and why this project is needed. Identify the source and year of any data used.

5. Objectives and Outcomes — 20 Points

List measurable objectives. Each objective should state what will be completed, how much, for whom, and by when.

Objective	Measure	Current Level, if Known	FY27 Target	Completion Date

6. Detailed Budget and Cost Effectiveness — 20 Points

List each requested item separately. Use reasonable estimated prices. Awards are reimbursement-only. A budget approval does not replace procurement requirements.

Item or Service	Quantity	Estimated Unit Cost	Total	Purpose / Objective Supported
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	

Total MLCOA request: $0.00

Budget narrative: Explain why each cost is necessary, reasonable, and connected to the proposed results. Identify any other funds or donated resources supporting the project.

7. Evaluation and Required Reporting — 10 Points

Explain how the applicant will document activities, attendance, items distributed, senior-safety results, and progress toward each objective. Identify who will collect and review the information.

Proposed FY27 performance targets:

Measure	Target	How It Will Be Documented
Senior-safety activities completed		
Senior participants reached		
Communities or service areas reached		
Partner organizations participating		
Safety items distributed		
Educational materials distributed		

8. Readiness and Prior Performance — 10 Points

Prior grantees: Summarize accomplishments, spending, reporting, documentation, and challenges.

New applicants: Describe staff readiness, financial controls, partnerships, and ability to begin October 1.

9. Reimbursement and Grant Conditions

☐ The agency must pay vendors before requesting reimbursement.

☐ Every reimbursement request must include an itemized invoice or receipt; acceptable proof of payment, such as a canceled check, bank record, credit-card statement, or zero-balance vendor receipt; required procurement records; proof that the goods or services were received; and program documentation connecting the expense to the approved project. Account and card numbers may be redacted. A purchase order, unpaid invoice, requisition, encumbrance, or accounting entry alone is not proof of payment.

☐ Unsupported, unallowable, late, or unapproved costs may be reduced or denied.

☐ Purchases may not begin until the grant agreement is fully executed.

☐ Written approval is required before making a material project or budget change. A material change includes adding or substituting an item or activity, changing the project scope or intended beneficiaries, reducing an approved deliverable, materially changing an approved quantity, or moving funds between approved budget categories. A minor price difference for the same approved item and quantity is not material if the purchase remains within the approved budget category and total grant award and does not reduce another approved activity or deliverable. When uncertain, the grantee must obtain written approval before purchase.

☐ Monthly program and financial reports, including all required supporting documents and deliverables, are due by the 15th of the following month, even when no grant funds were spent. The first reports are due November 15, 2026. Final program and financial reports are due June 15, 2027.

Conflict-of-Interest Disclosure
Does the applicant know of any actual or potential personal, family, employment, organizational, or financial relationship involving the applicant, a project partner, a proposed vendor, a Council member, or Council staff?

☐ No ☐ Yes

If yes, describe the relationship. Disclosure does not automatically disqualify the application.

10. Applicant Certification

By signing below, the authorized official certifies that the information in this application is accurate and complete; the agency is authorized to apply; all known actual or potential conflicts of interest involving the applicant, project partners, proposed vendors, Council members, or Council staff have been disclosed; no expense submitted under this grant has been or will be charged to, reimbursed by, or claimed under another grant, program, donation, insurance payment, or other funding source; required procurement, financial, payment, and program records will be maintained; the agency can pay approved expenses before requesting reimbursement; and the agency will comply with the grant agreement and applicable State requirements.

Authorized Official: _____ Date: _____ Title:_____

Sub-Grantee Signature: _____ Date: _____

MLCOA Director: _____ Date: _____

Application Checklist

☐ All questions completed
☐ Coalition partners and roles listed
☐ Measurable objectives entered
☐ Implementation schedule completed
☐ Detailed budget agrees with amount requested
☐ Performance targets entered
☐ Authorized official signed application

Submission

Submit the completed application to Carla Taylor at ctaylor@dps.ms.gov.