

d. How you promote the issues affecting older adults in your community:

e. How you will bring back what you have learned to your community:

g. Describe personal/professional strength that you possess which would benefit the Advisory (examples: grant writing, marketing, financial management, volunteer management):

2. Are you a provider of services to older persons? Yes _____ No _____
If so, what services?

3. Does some or all of your funding come from the Older Americans Act, frequently referred to as Title III? Yes _____ No _____

4. 50% of this group will be consumers over age 60. Are you over age 60?
Yes _____ No _____

5. What other Boards/Advisories do you serve on? _____

6. Please supply the names, addresses and phone numbers of two individuals who would be willing to recommend your application:

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Please sign and date your application:

Signature: _____ **Date:** _____

Please submit to the:

**Lori Vrolson
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Central MN Council on Aging
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Lori@cmcoa.org**

Submission Deadline:

Open