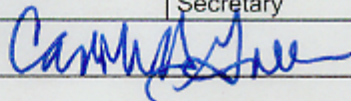


**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED July 19, 2005	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Florida Department of Elder Affairs		Organizational Unit:	
Address (give city, county, State, and zip code): 4040 Esplanade Way Tallahassee, Florida 32399-7000		Name and telephone number of person to be contacted on matters involving this application (give area code) JoAnn Williams 850 414-2065	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59 - 3462720		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17 - 235		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE: Senior Community Service Employment Program		This project will foster and promote useful part-time opportunities in community service activities for 718 authorized SCSEP positions. The program is designed to assist unemployed, low income Individuals who are 55 and older in finding unsubsidized employment.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): (State) See Attached List.			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/05	Ending Date 6/30/06	a. Applicant U.S. Rep., Allen Boyd, 2nd District	b. Project Districts 1-23
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,146,318 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 20,013 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 551,800 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 5,718,131 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Carole Green		b. Title Secretary	c. Telephone Number (850) 414-2000
d. Signature of Authorized Representative 		e. Date Signed 7-25-05	