Title III-D Evidence-Based Health Promotion

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dancing Sky Area Agency on Aging

Northwest Regional Development Commission

109 Minnesota St. S

Warren, MN 56762

Award Dates:

January 1, 2022

to

December 15, 2022

Vendor’s Name: XXXX

Street Address: XXXX

City: XXXX State: MN Zip: XXXX Phone: XXXX

Vendor Compensation: $1,250 per Evidence-Based Health Promotion Program

Number and Type of Programs to be provided: \_\_\_\_\_ CDSMP \_\_\_\_\_ CPSMP

\_\_\_\_\_ DMSP \_\_\_\_\_ MOB

\_\_\_\_\_ TJQMBB \_\_\_\_\_ SAIL

\_\_\_\_\_WWE \_\_\_\_\_ Bingocize

\_\_\_\_\_ WRAP

Location of Programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(community center, low-income housing, church, library)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Dates of Programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify I am authorized to commit agency resources to provide the above listed classes. In addition, all necessary surveys and required documents will be completed. Participants will be provided an opportunity to cost share or contribute towards the cost of providing this service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Vendor Signature Date