



AARP COMMUNITY CHALLENGE

Grants to make communities livable for people of all ages
aarp.org/CommunityChallenge

ATTACHMENT A: SAMPLE APPLICATION

2025 AARP Community Challenge

Grants to make communities more livable for people of all ages

AARP is currently soliciting applications for 2025 funding. All applications must be submitted through the online application portal at AARP.org/CommunityChallenge by March 5, 2025, 5:00 p.m. ET / 2:00 p.m. PT.

No emailed or paper applications will be accepted.

In 2025, the AARP Community Challenge is accepting applications across three different grant opportunities. You can read more about the different funding opportunities at AARP.org/CommunityChallenge.

Please click on the link of the application below that you would like to view:

[Flagship Grant Application](#) Page 2-15

[Capacity-Building Microgrant Application](#) Page 16-27

[Demonstration Grant Application](#) Page 28-41

Flagship Grant Application

BASIC INFORMATION

1. Common name of Applicant Organization: * _____

(MAX: 60 characters)

Legal Name of Applicant Organization: _____

(If your organization's legal name is different from its commonly used name, is too long to fit in the common name field, DBA, please enter it in full here. NO max character limit.)

2. Organization Mailing Address: *

Address: _____

City: _____ **State:** _____ **Zip:** _____

3. Organization's Project Manager Contact Information: *

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

4. Organization Tax Status. * Please check the one that applies:

NOTE: Please ensure your organization's legal name, non-profit status and federal tax identification number match what is on record with the [Internal Revenue Service](#).

☐ 501(c)(3) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)

☐ 501(c)(4) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)

☐ 501(c)(6) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)

☐ A municipality

☐ Another unit of government

☐ Fiscal Sponsor

NOTE: To expedite the process in the event of an award, please provide details about your Fiscal Sponsor. This information will help streamline our review and ensure a timely disbursement of funds.

Fiscal Sponsor Organization Name: _____

Fiscal Sponsor Point of Contact Name (First/Last): _____

Fiscal Sponsor Address: _____

City: _____ **State:** _____ **Zip:** _____

Fiscal Sponsor Tax Status:

☐ 501(c)(3) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)

☐ 501(c)(4) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)

Flagship Grant Application

- ☐ 501(c)(6) nonprofit (*Nonprofit organizations must be recognized by the IRS to receive funds.*)
- ☐ A municipality
- ☐ Another unit of government
- ☐ Other (*Considered on a case-by-case basis. AARP can NOT provide funds to any for-profit company, nor individuals.*)

Please Describe Other: _____

5. Organization Federal Tax Identification Number: * _ _ - _ _ _ _ _

6. Organization Online Presence:

Website: *(if none, enter n/a) WWW.

X (formerly Twitter) Handle: *(if none, enter n/a) @

Facebook Page Name: *(if none, enter n/a) @

7. Has your organization applied for an AARP Community Challenge previously? *

- ☐ Yes – Selected more than once
- ☐ Yes – Selected once
- ☐ Yes – Not selected
- ☐ No – did not apply

8. How did you hear about this grant opportunity? *

- ☐ The AARP State Office in my state
- ☐ The AARP Livable Communities e-newsletter
- ☐ An email from AARP Livable Communities
- ☐ A national organizational newsletter or conference
- ☐ Toyota Motor North America
- ☐ Microsoft
- ☐ A local event or newsletter
- ☐ Word of mouth in the community
- ☐ Social Media
- ☐ A grant finder tool
- ☐ Internet search
- ☐ State or local government entity
- ☐ Other: _____

Flagship Grant Application

COMMUNITY DETAILS

9. Community where this project will be delivered: *

NOTE: This information is for AARP's internal analysis only and will not be used in award information, etc.

City: _____ County: _____ State: _____ Zip: _____

10. Would you describe this community as: *

- ☐ Rural
☐ Suburban
☐ Urban

11. How many residents do you estimate will directly benefit from the project per year? * (e.g., how many people will visit the library annually, how many people will visit the plaza in downtown, how many people will use the transit system in that neighborhood, etc.)

Number of Residents: (numbers only) _____

Please estimate the percentage (%) of those residents that are age 50 or over: _____%

Please explain: _____

12. What will be the geographic scale of impact for this project? *

- ☐ Individual home(s)/housing complex(s)
☐ One neighborhood
☐ More than one neighborhood
☐ Neighborhood impact in an area that is a community space (e.g., benches in a park would be 'neighborhood level' but are in a community-wide space)
☐ Whole community (e.g., city, county, unincorporated area)
☐ Regional
☐ Statewide
☐ Other

Please describe Other: _____

PROJECT DETAILS

13. Project Description. * Please provide a description of your project in 2,000 characters or less (including spaces). Please also include any benefits of your project specifically for people 50-plus.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. A large, light gray watermark with the letters "NPD" is oriented diagonally from the bottom-left towards the top-right, covering a significant portion of the lower half of the page.

NOTE: This grant can NOT be used for the following activities:

- Partisan, political or election related activities
- Planning activities, assessments or surveys of communities without tangible engagement
- Studies with no follow-up action
- Publication of books or reports
- Acquisition of land and/or buildings
- Purchase of a vehicle or mechanical equipment (such as a car, truck, bus, snow mobile, snow grooming machine or tractor)
- Sponsorships of other organizations' events or activities
- Research and development for a nonprofit endeavor
- Research and development for a for-profit endeavor
- The promotion of a for-profit entity and/or its products and services

14. Project Short Summary. * In under 250 characters (including spaces), please describe your project and the impact it will have on the community. Please include relevant benefits for older adults. Think of it as a one or two sentence summary you would include in a press release.

For example:
This project will turn overgrown vacant lots into community gardens with raised flower beds, accessible paths and accessible seating.

Flagship Grant Application

- 15. Project Timeline.** * AARP Community Challenge projects should be quick-action in nature and able to be completed by December 15, 2025. Please provide a brief project timeline using the month boxes below. *Be sure to include time to receive any municipal approvals, land-use agreements, request for proposals/contractor bidding process and approvals, impact of potential weather (heat, cold, rain), supply chain lead time, etc.*

NOTE: We anticipate that grantees will receive selection notifications in May and payment in June/July. Projects must be completed by December 15 and After-Action Reports are due December 31, 2025. Please see the [Your Questions Answered](#) webpage for more information on the grant cycle timeline.

June: _____

July: _____

August: _____

September: _____

October: _____

November: _____

December: Complete Grant. Submit After-Action Report. _____

- 16. Land-Use Approvals.** * Do you have landowner permission(s), required municipal/state/federal permit(s) or approval(s), environmental impact study(ies), or other documents that will be required prior to project commencement?

- ☐ Yes
☐ In Progress
☐ Not Applicable

Please explain: _____

- 17. Upload one attachment if needed.**

NOTE: This is not required, but you may share one document, i.e., designs, map, photos, letters of support, or supporting materials. Please combine multiple items into one file.

Maximum file size: 25 MB

- 18. Project Type:** *

NOTE: Proposals for the project types described below will be prioritized over those that support ongoing programming or events.

- ☐ **Permanent physical** improvements in the community
☐ **Temporary demonstrations** that lead to long-term change
☐ **New, innovative programming** or services

Flagship Grant Application

19. Project Category. * Please select the category below that best describes your project, along with the primary corresponding sub-category.

NOTE: We understand there is some crossover between categories and that several might apply to your project. Please select the main category that aligns most closely with your primary goal.

- ☐ **Create vibrant public places** in the community through solutions that improve open spaces, parks and access to other amenities for residents (especially those 50-plus)
- ☐ Activities, trainings or programs to engage residents (particularly people 50-plus) in vibrant public places (e.g., public plaza events, open street events, trainings on public space access, etc.)
 - ☐ Public space activation with a focus on the needs of those 50-plus (e.g., public plaza improvements, parklets, street trees, alleyway activation, accessible seating and games in public places, seating along Main Street corridors, signage in neighborhoods)
 - ☐ Public art installations that make a space more inviting for multigenerational use, including to decrease social isolation for people 50-plus (e.g., murals and sculptures that are connected to a broader plan for multigenerational use for the public space)
 - ☐ Park enhancements to serve all residents with emphasis on people 50-plus (e.g., accessible park equipment improvements, new structures, dog parks)
 - ☐ Community gardens for all residents (especially for people 50-plus) (e.g., building accessible community garden beds)
 - ☐ Accessibility of amenities (e.g., increasing accessibility features of park equipment)
 - ☐ Public safety interventions (e.g., proper lighting, landscaping, block revitalization/maintenance)
 - ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____
- ☐ **Deliver a range of transportation and mobility options** for residents (especially those 50-plus) through solutions that increase connectivity, walkability, bikeability and access to public and private transit.
- ☐ Activities/events/training programs to engage people (with an emphasis on people 50-plus) in transportation options (e.g., open streets events)
 - ☐ Bikeability, especially for people 50-plus (e.g., bike sharing options, temporary bike lanes, bike audits)
 - ☐ Public or private transit access, accessibility and safety for residents (with an emphasis on people 50-plus) (e.g., adding transit shelters, activating and improving transit stops, increasing accessibility features of transportation options for people of all abilities)
 - ☐ Micro-mobility enhancements/management for residents (with an emphasis on people 50-plus) (e.g., parking and training on scooters, e-bikes for older adults, etc.)

Flagship Grant Application

- ☐ Expansion and enhancement of existing transportation options (especially for people 50-plus) (e.g., adding volunteer-led transportation programs, enhanced coordination of existing transportation resources, new on-demand transportation services)
 - ☐ Improved wayfinding throughout the community (e.g., signage and markings that are visible for all ages)
 - ☐ Trails (e.g., completing and connecting trails, signage, improving accessibility for all abilities, especially people 50-plus)
 - ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____
- ☐ **Support a range of housing options** for residents (especially people 50-plus and their families) in the community through solutions that increase the availability of accessible and affordable choices.
- ☐ Accessory dwelling units (ADUs), tiny homes, missing middle housing, and manufactured housing, particularly those with accessibility features, education and policies
 - ☐ Innovative home maintenance, repair and support services to support residents' ability to live independently and age
 - ☐ Lifelong housing and accessibility for older adults
 - ☐ Homeowner legal and financial documentation (e.g. community education about wills, estate planning, property taxes, etc.)
 - ☐ Interventions to support housing stability, including evictions and homelessness
 - ☐ Resources about housing options, safety and services for residents (with emphasis on those 50-plus)
 - ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____
- ☐ **Increase digital connections** and enhance digital literacy skills of residents (especially those 50-plus).
- ☐ Activities to train residents to increase digital navigation skills and distribute electronic devices to address the digital divide (with a focus on people 50-plus) (e.g. tablets, laptops)
 - ☐ Public place improvements that will increase the availability of high-speed internet (with a focus on people 50-plus) (e.g., outdoor classrooms, benches and seating with Wi-Fi, creation of computer lab in public housing or library, publicly accessible telehealth facilities, etc.)
 - ☐ Digital connectivity activities to prepare residents (especially those age 50-plus) to respond to disasters for residents (especially those age 50-plus)
 - ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

Flagship Grant Application

- ☐ **Support community resilience** through investments that improve disaster management, preparedness and mitigation for residents (especially those 50-plus).
- ☐ Improvements to public places that will improve the area's ability to withstand extreme weather events, reducing the impact of extreme weather events on people age 50 and older (e.g., rain gardens to address stormwater run-off, converting vacant spaces into community areas that can be used by older adults, etc.)
 - ☐ Public space improvements to support recovery in an area after extreme weather events (with a focus on people 50-plus)
 - ☐ Other (please only select if your project does not fit into one of the above categories and please describe in detail) _____

20. Project Deliverables. * Please specify the individual deliverables of your project. Quantify and provide as much detail as you can about any **physical structures (such as benches, lighting, signage, etc.), events, dates, addresses, communications, people reached, volunteers involved, etc.** within 300 characters (including spaces) for each deliverable.

Before you enter your answers, PLEASE READ the examples below and review Attachment D.

Deliverable 1: _____

Quantity: _____

Deliverable 2: _____

Quantity: _____

Deliverable 3: _____

Quantity: _____

Add more deliverables as necessary. Minimum of 3 deliverables required. Maximum of 10.

Flagship Grant Application

For example:

- I. The Organization will purchase and install structures with LED lighting with custom side panels at (ADDRESS)
 - a. Quantity: 3
- II. The Organization will purchase and install ADA compliant benches that will seat a minimum of two people at (ADDRESS)
 - a. Quantity: 7
- III. The Organization will purchase and install AARP branded signage at (ADDRESS)
 - a. Quantity: 15
- IV. The Organization will purchase and install accessible raised garden beds made of materials suitable for outdoor use
 - a. Quantity: 10
- V. The Organization will hold event on (DATE) (event examples: workshops, hackathon, trainings)
 - a. Quantity: 1
- VI. The Organization's goal is to have community members to be trained at workshops on 50+ issues, with at least half of attendees being age 50 and older.
 - a. Quantity: 250
- VII. The Organization will hold a (kick-off, ribbon cutting, etc.) event on November 1, 2025.
 - a. Quantity: 1
- VIII. The Organization has a goal of attendees at event, with at least half of attendees being age 50 and older.
 - a. Quantity: 400
- IX. The Organization will engage volunteers over the course of the project – including painting accessible benches made of outdoor materials, installation, and the kick-off event, with half being age 50 and older.
 - a. Quantity: 70

PROJECT NARRATIVE

Please complete each section with 2,000 characters or fewer (including spaces).

- 21. Organizational Livable Communities Activities.** * Please describe: 1) How your organization has been involved in past work to make this community more livable to date. (*Learn more at [What is a Livable Community?](#)*) and 2) How this project will support existing efforts to make this community more livable for all (with a focus on people 50-plus).

Flagship Grant Application

- 22. Community engagement.** * Please describe: 1) How residents and local organizations have been engaged in the area's livable communities' activities to date. (*Learn more at [What is a Livable Community?](#)*) and 2) How you will involve them as you execute this grant (with a focus on people 50-plus).

- 23. Older Adults.** * How will your project benefit residents age 50 and over?

- 24. Role of volunteers.** * Will volunteers play a role in the implementation of the Community Challenge project?

- ☐ Yes
☐ No

If yes, please explain how volunteers will be involved in implementing the project:

- a. Will volunteers age 50 and older** play a role in implementing the project?

- ☐ Yes
☐ No

Please explain:

- 25. Diversity, Equity, and Inclusion.** * Will your project focus on, benefit or engage a specific multicultural or historically marginalized population of older adults and their families in the community change efforts?

- ☐ Yes
☐ No

If Yes, please select the one or two who will be primarily impacted below.

- ☐ African American/Black
☐ Hispanic/Latino
☐ Asian American/Pacific Islander
☐ American Indian/Alaska Native
☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+)

Flagship Grant Application

- ☐ People with Disabilities
- ☐ Other Not Listed: _____

Please describe how the effort benefits or engages this population (including any emphasis on people 50-plus and their families).

26. Addressing Disparities. * Will your project improve or address existing disparities (including racial or economic) experienced in the community (especially for people age 50 and older)?

- ☐ Yes
- ☐ No

Please describe: _____

27. Veterans and Military Families. * Will your project have an emphasis on veterans and their families of all ages (including those age 50 and older)?

- ☐ Yes
- ☐ No

Please describe: _____

PROJECT BUDGET

28. Liability insurance requirement. * If selected, organizations will need to carry and maintain comprehensive general liability (and professional liability, if applicable) in an amount not less than one million dollars (\$1,000,000) and workers' compensation insurance in an amount as required by applicable law covering all personnel engaged in the execution of the grant. **Do you acknowledge this liability insurance requirement?**

- ☐ YES
- ☐ NO

29. Grant Amount and Budget. * Please include the total grant request and specify all expenses that will be covered by this grant.

NOTES:

- *AARP reserves the right to award less funds than requested – applicants should be prepared to discuss how they would scale down their proposal if asked.*
- *The AARP Community Challenge will typically only award grants that spend 0-15% on indirect, overhead, and staff costs. However, AARP reserves the right to award compelling projects that go beyond this range.*
- *Project marketing, branding, etc. can and should be included in project budget. Please budget for any*

Flagship Grant Application

banners, stickers, etc. you'll need to purchase for your project to align with the AARP's branding requirements.

- Details on the requirements for insurance, limits on indirect costs and branding are described on the [Your Questions Answered](#) website.

Enter whole numbers only in the amount field. No \$ dollar sign or cents.

TOTAL GRANT AMOUNT REQUESTED: * \$ _____ (maximum of \$25,000)

Contracted services costs, if any: \$ _____ **Additional Information:** _____

Materials & supplies, if any: \$ _____ **Additional Information:** _____

Travel expenses, if any: \$ _____ **Additional Information:** _____

Marketing, branding, or outreach, if any: \$ _____ **Additional Information:** _____

Liability insurance, if any: \$ _____ **Additional Information:** _____

Indirect, Overhead, and Staff costs, if any: \$ _____ **Additional Information:** _____

- 30. Matching/Supporting Funds and In-Kind Support.** *Matching funds are NOT required.* Please detail any matching/supporting funds or in-kind support the organization will receive to contribute toward this project. Include volunteer/donated work as in-kind support.

PRIVATE (INCLUDING NONPROFIT)

Matching Funds/Supporting Funds: \$ _____ **Describe In-Kind Support:** _____

PUBLIC

Matching Funds/Supporting Funds: \$ _____ **Describe In-Kind Support:** _____

- 31. Livable Newsletter Consent.** * I consent to AARP sending an invitation to the email address I provided above, to subscribe to the free, weekly AARP Livable Communities e-Newsletter. I will receive an email to confirm my choice to receive the e-newsletter and can express that choice by clicking "Confirm" or, if I choose not to receive the e-newsletter, I do not need to respond. I understand that I may unsubscribe at any time. (If you are already a subscriber or want to subscribe right now by visiting [AARP.org/Livable-Subscribe](https://www.aarp.org/Livable-Subscribe), select "Already a subscriber" below.)

- ☐ YES, I consent.
- ☐ NO, I do not consent.
- ☐ Already a subscriber.

- 32. Other Funding.** * AARP might be contacted by other potential funders that could be interested in funding projects that were not funded through the AARP Community Challenge. The potential funders may have additional process steps and funding requirements than those of the AARP Community Challenge. If requested, AARP would like to send your contact information, organization name and a short description

Flagship Grant Application

of your proposal, including the community where the project would take place (“Project Information”). Please note that these projects will be subject to any potential funder’s own terms, conditions and review. Please indicate in your application whether or not you give permission to AARP to share your Project Information with other potential funders. If you select “yes,” you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with sharing the Project Information with potential funders. We will alert you before this Project Information is given to potential funders. **Do you give AARP permission to share this Project Information with other organizations that might be interested in funding your project?**

☐ YES

☐ NO

An opportunity for other possible AARP funding. Please note that by submitting a proposal for the AARP Community Challenge initiative, you and your organization give AARP permission to reach out to you and others at your organization about other possible AARP funding opportunities that your proposal may be eligible for based on the AARP Community Challenge criteria. However, please note that AARP is not obligated in any way to consider your proposal for any additional AARP funding.

NOTIFICATION

When you SUBMIT this application, you will receive a confirmation email within the hour. Please make sure to check your spam folder if you do not see it. If you do NOT receive a submission confirmation, you have NOT submitted successfully. Please go back and make sure you completed ALL required questions and did not go over the text box character limits.

All applicants will be notified of their selection by email in May 2025. To receive funding, selected applicants must execute and return a binding Memorandum of Understanding and completed financial forms to the AARP National office in a timely manner.

TERMS AND CONDITIONS

If you submit this application, you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with submission and evaluation of your organization’s application.

By submitting an application to AARP, the applicant agrees that:

- The decisions of AARP regarding the eligibility of applicants and the validity of entries shall be final and binding.
- All submissions will be judged by AARP, whose decisions and determinations as to the administration of the award and selection of award recipients are final.
- AARP has the right, in its sole discretion, to cancel, or suspend the award.
- All projects and applications shall not violate any third-party rights.
- Except where prohibited by law, participation in the AARP Community Challenge constitutes the Applicant’s consent to AARP’s use of the organization’s name and corporate logo, street address, city, state, zip code, county, and names,

Flagship Grant Application

likenesses, photographs, videos, images, and statements made or provided by the Applicant's representatives regarding the award for promotional purposes in any media without further permission, consent, payment or other consideration in perpetuity.

- For the *Flagship* and the *Demonstration Grant*, the organization agrees to carry and maintain comprehensive general liability and professional liability in an amount not less than one million dollars (\$1,000,000) and workers' compensation insurance in an amount as required by applicable law covering all personnel engaged in the execution of the grant.
- For the *Capacity-Building Microgrant*, the organization agrees to carry and maintain comprehensive general liability insurance in an amount that's appropriate to cover the potential liability of the project as determined by the organization.
- All promotional materials (such as newsletters, press releases), events and signage related to the funded project will include a statement indicating that support was received from AARP and Community Challenge supporters as required by AARP.
- The organization is required to capture photos, videos and/or stories from the project. As the organization captures photos, videos and/or stories from the project, if an identifiable individual appears in the photos, videos and/or stories, the organization is responsible for having him/her sign the AARP General Release. (This document is provided to grantees with the Memorandum of Understanding and other required paperwork). In addition, the organization should not include any element in photos or videos provided to AARP that may violate third party rights, such as artwork and trademarks in text and logo other than those owned by the organization and AARP. The organization may be asked to send work-in-progress photos to AARP upon request. Following the grant period, grantees are required to respond to periodic requests for updates from AARP.
- The submission of the After-Action Report at the conclusion of the project is required by the deadline. Failure to submit the required report will result in the removal from the AARP website until the time of submission, and non-completion will disqualify an applicant from future AARP Community Challenge grant programs.
- AARP and its affiliated organizations, subsidiaries, agents and employees are not responsible for late, lost, illegible, incomplete, stolen, misdirected, illegitimate, or impermissible submissions or any other error whether human, mechanical or electronic.

Capacity-Building Microgrant Application

BASIC INFORMATION

1. Common name of Applicant Organization: * _____
(MAX: 60 characters)

Legal Name of Applicant Organization: _____
(If your organization's legal name is different from its commonly used name, is too long to fit in the common name field, DBA, please enter it in full here. NO max character limit.)

2. Organization Mailing Address: *
Address: _____
City: _____ State: _____ Zip: _____

3. Organization's Project Manager Contact Information: *
Name: _____ Title: _____
Phone: _____ Email: _____

4. Organization Tax/Corporate Status. * Please check the one that applies:

NOTE: Please ensure your organization's legal name, non-profit status and federal tax identification number match what is on record with the [Internal Revenue Service](#).

- ☐ 501(c)(3) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)
- ☐ 501(c)(4) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)
- ☐ 501(c)(6) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)
- ☐ A municipality
- ☐ Another unit of government
- ☐ Fiscal Sponsor

NOTE: To expedite the process in the event of an award, please provide details about your Fiscal Sponsor. This information will help streamline our review and ensure a timely disbursement of funds.

Fiscal Sponsor Organization Name: _____

Fiscal Sponsor Point of Contact Name (First/Last): _____

Fiscal Sponsor Address: _____

City: _____ State: _____ Zip: _____

Capacity-Building Microgrant Application

Fiscal Sponsor Tax Status:

- ☐ 501(c)(3) nonprofit *(Nonprofit organizations must be recognized by the IRS to receive funds.)*
- ☐ 501(c)(4) nonprofit *(Nonprofit organizations must be recognized by the IRS to receive funds.)*
- ☐ 501(c)(6) nonprofit *(Nonprofit organizations must be recognized by the IRS to receive funds.)*
- ☐ A municipality
- ☐ Another unit of government
- ☐ Other *(Considered on a case-by-case basis. AARP can NOT provide funds to any for-profit company, nor individuals.)*

Please Describe Other: _____

5. Organization Federal Tax Identification Number: * _ _ - _ _ _ _ _

6. Organization Online Presence:

Website: * *(if none, enter n/a)* WWW.

X *(formerly Twitter)* Handle: * *(if none, enter n/a)* @

Facebook Page Name: * *(if none, enter n/a)* @

7. Has your organization applied for an AARP Community Challenge previously? *

- ☐ Yes – Selected more than once
- ☐ Yes – Selected once
- ☐ Yes – Not selected
- ☐ No – did not apply

8. How did you hear about this grant opportunity? *

- ☐ The AARP State Office in my state
- ☐ The AARP Livable Communities e-newsletter
- ☐ An email from AARP Livable Communities
- ☐ A national organizational newsletter or conference
- ☐ Toyota Motor North America
- ☐ Microsoft
- ☐ A local event or newsletter
- ☐ Word of mouth in the community
- ☐ Social Media
- ☐ A grant finder tool
- ☐ Internet search

Capacity-Building Microgrant Application

- ☐ State or local government entity
- ☐ Other: _____

COMMUNITY DETAILS

9. Community where this project will be delivered: *

NOTE: This information is for AARP's internal analysis only and will not be used in award information, etc.

City: _____ County: _____ State: _____ Zip: _____

10. Would you describe this community as: *

- ☐ Rural
- ☐ Suburban
- ☐ Urban

11. How many residents do you estimate will directly benefit from the project per year? * (e.g., how many people will visit the library annually, how many people will visit the plaza in downtown, how many people will use the transit system in that neighborhood, etc.)

Number of Residents: (numbers only) _____

Please estimate the percentage (%) of those residents that are age 50 or over: ____%

Please explain: _____

12. What will be the geographic scale of impact for this project? *

- ☐ Individual home(s)/housing complex(s)
- ☐ One neighborhood
- ☐ More than one neighborhood
- ☐ Neighborhood impact in an area that is a community space (e.g., benches in a park would be 'neighborhood level' but are in a community-wide space)
- ☐ Whole community (e.g., city, county, unincorporated area)
- ☐ Regional
- ☐ Statewide
- ☐ Other

Please describe Other: _____

Capacity-Building Microgrant Application

PROJECT DETAILS

13. Project Category. * Please select the category below that best describes your project. Free copies of applicable [AARP publications](#) will be automatically provided to grantees in the amounts noted below. (Additional copies can be requested at a later date.):

- ☐ **Disaster Preparedness Training** – Implement disaster preparedness training programs and resources for residents (especially those age 50-plus), with support from [SBP](#) and using the [AARP Disaster Resilience Tool Kit](#).

AARP Disaster Resilience Tool Kit (English) Quantity: 30

- ☐ **Walk Audits** – Implement walk audit assessments to enhance safety and walkability in communities (especially people age 50-plus), with support from [America Walks](#) and using the [AARP Walk Audit Tool Kit](#).

AARP Walk Audit Tool Kit (English) Quantity: 30

AARP Walk Audit Tool Kit (Spanish) Quantity: 15

- ☐ **Bike Audits** – Implement bike audits to enhance safety and bikeability in communities (especially for people age 50-plus), with support from [League of American Bicyclists](#) and using the [AARP Bike Audit Tool Kit](#).

AARP Bike Audit Tool Kit (English) Quantity: 30

AARP Bike Audit Tool Kit (Spanish) Quantity: 15

- ☐ **HomeFit® Guide Modifications** – Implement education, simple home modifications and accessible safety solutions to create and maintain “lifelong homes” (especially for people age 50-plus), with support from [RL Mace Universal Design Institute](#) and using the [AARP HomeFit® Guide](#).

AARP HomeFit® Guide (English) Quantity: 30

AARP HomeFit® Guide (Spanish) Quantity: 15

How many copies of the printed HomeFit® Guide publication in the following languages do you anticipate requiring? (Maximum of 15 each)

- ☐ **AARP HomeFit® Guide (Chinese) Quantity:** _____
- ☐ **AARP HomeFit® Guide (Korean) Quantity:** _____
- ☐ **AARP HomeFit® Guide (Vietnamese) Quantity:** _____

14. Project Short Summary. * In under 500 characters (including spaces), please describe your project and the impact it will have on the community. Please include relevant references to older adults. Think of it as a two or three sentence summary you would include in a press release.

Capacity-Building Microgrant Application

Example 1 (Disaster Preparedness Training):

This project will conduct 3 Train-the-Trainer events to teach simple first aid and disaster pre-planning at the Senior Center, public housing complex, and the Town Library. Sample disaster checklists in English and Spanish will be provided to participants. Each participant will receive a small number of first aid and disaster preparedness supplies. Attendees will be able to share the information with other community members.

Example 2 (Walk Audit):

This project will conduct 5 walk audits throughout a busy commercial district to identify potential locations for sidewalk and crosswalk improvements. The project will recruit older volunteers from the community center for the audits. The project will host a minimum of two community meetings with walk audit participants, residents, business owners and the City (including Department of Public Works) to discuss the results of the walk audits and how to incorporate results in future planning.

Example 3 (Bike Audit):

This project will conduct a minimum of 3 bike audits along the multi-use path between Downtown and Lake Park, including on weekends and weekdays. The project will recruit older volunteers from the senior center for the audits. The project will host a minimum of two meetings with bike audit participants, residents, and the City (including Departments of Transportation and Parks and Recreation) regarding the results of the bike audits and how to incorporate results in future planning.

Example 4 (HomeFit® Guide Modifications):

This project will conduct 5 educational trainings for community members about how to make their homes safer and more comfortable for people of all ages, with promotion for the training focused on older adults and their families. In addition, a community display demonstrating different types of home modifications will be created and participants will leave with low-dollar, home safety and accessibility products that they can use immediately in their own homes.

15. The Need. * In under 500 characters (including spaces), please describe the unique challenge that you are trying to address or solve through this grant.

16. Additional Project Activities. * Capacity-Building Microgrants Combining \$2,500 grants with additional resources, such as webinars, cohort learning opportunities, AARP publications, and up to two hours of one-on-one coaching from [SBP](#) (Disaster Preparedness), [America Walks](#) (Walk Audit), [League of American Bicyclists](#) (Bike Audit) or [RL Mace Universal Design Institute](#) (HomeFit® Guide Modifications).

Participating in these capacity building elements are a critical component of this grant opportunity. Are you willing to participate in these additional activities?

Capacity-Building Microgrant Application

☐ Yes

☐ No

17. Project Timeline. * AARP Community Challenge projects should be quick-action in nature and able to be completed by December 15, 2025. Please provide a brief project timeline using the month boxes below. *Be sure to include time to receive any municipal approvals, land-use agreements, request for proposals/contractor bidding process and approvals, impact of potential weather (heat, cold, rain), supply chain lead time, etc.*

NOTE: We anticipate that grantees will receive selection notifications in May and payment in June/July. Projects must be completed by December 15 and After-Action Reports are due December 31, 2025. Please see [Your Questions Answered](#) website for more information on the grant cycle timeline.

June: _____

July: _____

August: _____

September: _____

October: _____

November: _____

December: Complete Grant. Submit After-Action Report. _____

18. Project Deliverables. * Please select and enter the quantity for the deliverables relevant to your project. *Select all that apply.*

Disaster Preparedness Training Category Deliverables:

- ☐ Organization will host ## disaster preparedness trainings to increase awareness of potential emergency events and pre-planning by older adults and all residents (with participation targeted to people 50-plus).

Quantity: _____

- ☐ Organization will engage ## of community members to attend disaster preparedness trainings (with participation targeted to people 50-plus).

NOTE: Projects that achieve scale (as opposed to benefiting a small number of community members) will be more competitive.

Quantity: _____

- ☐ Organization will develop ## disaster preparedness resources (e.g., to-go kits, first aid kits, checklists, etc.) for dissemination to community for increased awareness and adoption.

Quantity: _____

Capacity-Building Microgrant Application

- ☐ Other

Quantity: _____

Please describe: _____

Walk Audit Category Deliverables:

- ☐ Organization will host **##** Walk Audit(s) in their community to make streets safer for older adults and all residents (with participation targeted to people 50-plus).

Quantity: _____

Walk Audits will be (select all that apply):

- ☐ Single location walk audit(s) (e.g. intersection, destination, etc.)
☐ Walking audit(s)
☐ Unknown

- ☐ Organization will host Walk Audits of **##** blocks, intersections, trails, or paths, especially in areas where older residents are at particular risk.

Quantity: _____ # of blocks

Quantity: _____ # of intersections

Quantity: _____ # of trails

Quantity: _____ # of paths

- ☐ Organization will engage **##** of community members in the Walk Audit(s) to identify unsafe streets and document needed information and observations (with participation targeted to people 50-plus).

Quantity: _____

- ☐ Other

Quantity: _____

Please describe: _____

Bike Audit Category Deliverables:

- ☐ Organization will host **##** Bike Audit(s) in their community to make streets, bike paths, or multi-use trails safer for older adults and all residents (with participation targeted to people 50-plus).

Quantity: _____

Bike Audits will be (select all that apply):

- ☐ On-bike route audit(s)
☐ Off-bike (walking) bike route audit(s)
☐ Single location bike audit(s) (e.g. intersection, destination, etc.)
☐ Unknown

Capacity-Building Microgrant Application

- ☐ Organization will host Bike Audits of ## blocks, intersections, trails, or paths, especially in areas where older residents are at particular risk.
 Quantity: _____ # of blocks
 Quantity: _____ # of intersections
 Quantity: _____ # of trails
 Quantity: _____ # of paths
- ☐ Organization will engage ## of community members in the Bike Audit(s) to identify unsafe streets and document needed information and observations (with participation targeted to people 50-plus).
 Quantity: _____
- ☐ Other
 Quantity: _____
 Please describe: _____

HomeFit® Guide Modifications Category Deliverables:

- ☐ Organization will host ## educational trainings about how to make homes safer and more comfortable for people of all ages (with participation targeted to people 50-plus).
 Quantity: _____
- ☐ Organization will conduct simple home modifications and/or easy home safety and accessibility solutions in ## homes (with participation targeted to people 50-plus).
NOTE: *Projects that achieve scale (as opposed to benefiting a single or small number of homes) will be more competitive.*
 Quantity: _____
- ☐ Organization will engage ## of community members to attend the trainings and/or participate in simple home modifications and easy home safety and accessibility solutions (with participation targeted to people 50-plus).
 Quantity: _____
- ☐ Organization will document simple modifications and/or accessible safety solutions through ## resources (e.g., displays, photos, videos, press releases, social media, etc.) for dissemination to community for increased awareness and adoption.
 Quantity: _____
- ☐ Other
 Quantity: _____
 Please describe: _____

PROJECT NARRATIVE AND BUDGET

Capacity-Building Microgrant Application

Please complete each section with 750 characters or fewer (including spaces).

- 19. Community engagement.** * Please describe: 1) How residents and local organizations have been engaged in the area's livable communities' activities to date. (*Learn more at [What is a Livable Community?](#)*) and 2) How you will involve them as you execute this grant (with a focus on people 50-plus).

- 20. Older Adults.** * How will your project benefit residents age 50 and over?

- 21. Role of volunteers.** * Will volunteers play a role in the implementation of the Community Challenge project?

☐ Yes

☐ No

If yes, please explain how volunteers will be involved in implementing the project:

- a. Will volunteers age 50 and older play a role in implementing the project?**

☐ Yes

☐ No

Please explain:

- 22. Diversity, Equity, and Inclusion.** * Will your project focus on, benefit or engage a specific multicultural or historically marginalized population of older adults and their families in the community change efforts?

☐ Yes

☐ No

If Yes, please select the one or two who will be primarily impacted below.

☐ African American/Black

☐ Hispanic/Latino

☐ Asian American/Pacific Islander

☐ American Indian/Alaska Native

Capacity-Building Microgrant Application

- ☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+)
- ☐ People with Disabilities
- ☐ Other Not Listed: _____

Please describe how the effort benefits or engages this population (including any emphasis on people 50-plus and their families).

23. Liability Insurance. * If selected, organizations will need to carry and maintain comprehensive general liability insurance in an amount that's appropriate to cover the potential liability of the project as determined by the organization. **Do you acknowledge this liability insurance requirement?**

- ☐ YES
- ☐ NO

24. Project Budget Breakdown. * The *Capacity-Building Microgrant* includes a \$2,500 grant. Please explain briefly how you will use this funding. Consider contracted services, materials and supplies, staff costs (limited to 0-15%), travel expenses, etc. As a reminder, copies of AARP Publications will be provided to you.

Capacity-Building Microgrant Application

Example 1 (Disaster Preparedness Trainings):

Our grant will pay for first aid and go-bag supplies (\$1000), facility rental and refreshments for three community meetings (\$800), Printing materials (Spanish language copies of emergency preparedness resources, bilingual training announcement flyers and preparedness checklists) (\$400), bilingual facilitator (\$300).

Example 2 (Walk Audit):

We will use our grant for reflective safety vests for our volunteers doing walk audits (\$50), traffic cones or temporary lane delineators (\$400), temporary traffic signs (\$350), pay for crossing guard or off-duty policeman to help direct traffic (\$400), facility rental for two community meetings (\$600), meeting and walk facilitators (\$400). Printing materials (flyers and final documents) (\$300).

Example 3 (Bike Audits):

Grant funds will be used for translation services and event marketing materials (\$500), purchase lightweight, portable chairs and umbrellas for use during audit (\$300), sunscreen (\$50) to protect volunteers, handheld speed radar device (\$200). Acknowledging that there is food insecurity in the surveyable area, water and snacks (\$150) will be provided the day of the audits and catering (\$600) will be provided at the planning session and City meeting. Childcare services (\$300) will also be offered at the planning session and meeting with City officials. Print services for final report (\$400).

Example 4 (HomeFit® Guide Modifications):

We will use the funding for facility rental and refreshments for the home modification trainings (\$500), items to comprise a community display of the types of home modification solutions that can help residents to age in place and before/after photos of such installations (\$750), and low-dollar home safety and convenience products that will be provided to training participants to put to use immediately (\$1,250) – for example, anti-slip carpet tape, motion-sensor night-lights, grab bars, etc.

25. Livable Newsletter Consent. * I consent to AARP sending an invitation to the email address I provided above, to subscribe to the free, weekly AARP Livable Communities e-Newsletter. I will receive an email to confirm my choice to receive the e-newsletter and can express that choice by clicking “Confirm” or, if I choose not to receive the e-newsletter, I do not need to respond. I understand that I may unsubscribe at any time. (If you are already a subscriber or want to subscribe right now by visiting [AARP.org/Livable-Subscribe](https://www.aarp.org/Livable-Subscribe), select “Already a subscriber” below.)

- ☐ YES, I consent.
- ☐ NO, I do not consent.
- ☐ Already a subscriber.

26. Other Funding. * AARP might be contacted by other potential funders that could be interested in funding projects that were not funded through the AARP Community Challenge. The potential funders may have additional process steps and funding requirements than those of the AARP Community Challenge. If requested, AARP would like to send your contact information, organization name and a short description

Capacity-Building Microgrant Application

of your proposal, including the community where the project would take place (“Project Information”). Please note that these projects will be subject to any potential funder’s own terms, conditions and review. Please indicate in your application whether or not you give permission to AARP to share your Project Information with other potential funders. If you select “yes,” you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with sharing the Project Information with potential funders. We will alert you before this Project Information is given to potential funders.

Do you give AARP permission to share this Project Information with other organizations that might be interested in funding your project?

- ☐ YES
- ☐ NO

An opportunity for other possible AARP funding. Please note that by submitting a proposal for the AARP Community Challenge initiative, you and your organization give AARP permission to reach out to you and others at your organization about other possible AARP funding opportunities that your proposal may be eligible for based on the AARP Community Challenge criteria. However, please note that AARP is not obligated in any way to consider your proposal for any additional AARP funding.

NOTIFICATION

When you SUBMIT this application, you will receive a confirmation email within the hour. Please make sure to check your spam folder if you do not see it. If you do NOT receive a submission confirmation, you have NOT submitted successfully. Please go back and make sure you completed ALL required questions and did not go over the text box character limits.

All applicants will be notified of their selection by email in May 2025. To receive funding, selected applicants must execute and return a binding Memorandum of Understanding and completed financial forms to the AARP National office in a timely manner.

TERMS AND CONDITIONS

If you submit this application, you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with submission and evaluation of your organization’s application.

By submitting an application to AARP, the applicant agrees that:

- The decisions of AARP regarding the eligibility of applicants and the validity of entries shall be final and binding.
- All submissions will be judged by AARP, whose decisions and determinations as to the administration of the award and selection of award recipients are final.
- AARP has the right, in its sole discretion, to cancel, or suspend the award.
- All projects and applications shall not violate any third-party rights.

Capacity-Building Microgrant Application

- Except where prohibited by law, participation in the AARP Community Challenge constitutes the Applicant's consent to AARP's use of the organization's name and corporate logo, street address, city, state, zip code, county, and names, likenesses, photographs, videos, images, and statements made or provided by the Applicant's representatives regarding the award for promotional purposes in any media without further permission, consent, payment or other consideration in perpetuity.
- For the *Flagship* and the *Demonstration Grant*, the organization agrees to carry and maintain comprehensive general liability and professional liability in an amount not less than one million dollars (\$1,000,000) and workers' compensation insurance in an amount as required by applicable law covering all personnel engaged in the execution of the grant.
- For the *Capacity-Building Microgrant*, the organization agrees to carry and maintain comprehensive general liability insurance in an amount that's appropriate to cover the potential liability of the project as determined by the organization.
- All promotional materials (such as newsletters, press releases), events and signage related to the funded project will include a statement indicating that support was received from AARP and Community Challenge supporters as required by AARP.
- The organization is required to capture photos, videos and/or stories from the project. As the organization captures photos, videos and/or stories from the project, if an identifiable individual appears in the photos, videos and/or stories, the organization is responsible for having him/her sign the AARP General Release. (This document is provided to grantees with the Memorandum of Understanding and other required paperwork). In addition, the organization should not include any element in photos or videos provided to AARP that may violate third party rights, such as artwork and trademarks in text and logo other than those owned by the organization and AARP. The organization may be asked to send work-in-progress photos to AARP upon request. Following the grant period, grantees are required to respond to periodic requests for updates from AARP.
- The submission of the After-Action Report at the conclusion of the project is required by the deadline. Failure to submit the required report will result in the removal from the AARP website until the time of submission, and non-completion will disqualify an applicant from future AARP Community Challenge grant programs.
- AARP and its affiliated organizations, subsidiaries, agents and employees are not responsible for late, lost, illegible, incomplete, stolen, misdirected, illegitimate, or impermissible submissions or any other error whether human, mechanical or electronic.

Demonstration Grant Application

BASIC INFORMATION

1. Common name of Applicant Organization: * _____
(MAX: 60 characters)

Legal Name of Applicant Organization: _____
(If your organization's legal name is different from its commonly used name, is too long to fit in the common name field, DBA, please enter it in full here. NO max character limit.)

2. Organization Mailing Address: *
Address: _____
City: _____ State: _____ Zip: _____

3. Organization's Project Manager Contact Information: *
Name: _____ Title: _____
Phone: _____ Email: _____

4. Organization Tax Status. * Please check the one that applies:
NOTE: Please ensure your organization's legal name, non-profit status and federal tax identification number match what is on record with the [Internal Revenue Service](#).

- ☐ 501(c)(3) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)
- ☐ 501(c)(4) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)
- ☐ 501(c)(6) nonprofit (Nonprofit organizations must be recognized by the IRS to receive funds.)
- ☐ A municipality
- ☐ Another unit of government
- ☐ Fiscal Sponsor

NOTE: To expedite the process in the event of an award, please provide details about your Fiscal Sponsor. This information will help streamline our review and ensure a timely disbursement of funds.

Fiscal Sponsor Organization Name: _____

Fiscal Sponsor Point of Contact Name: _____

Fiscal Sponsor Address: _____

City: _____ State: _____ Zip: _____

Demonstration Grant Application

Fiscal Sponsor Tax Status:

- ☐ 501(c)(3) nonprofit *(Nonprofit organizations must be recognized by the IRS to receive funds.)*
- ☐ 501(c)(4) nonprofit *(Nonprofit organizations must be recognized by the IRS to receive funds.)*
- ☐ 501(c)(6) nonprofit *(Nonprofit organizations must be recognized by the IRS to receive funds.)*
- ☐ A municipality
- ☐ Another unit of government
- ☐ Other *(Considered on a case-by-case basis. AARP can NOT provide funds to any for-profit company, nor individuals.)*

Please Describe Other Organization Type: _____

5. Organization Federal Tax Identification Number: * _ _ - _ _ _ _ _

6. Organization Online Presence:

Website: * *(if none, enter n/a)* WWW.

X (formerly Twitter) Handle: * *(if none, enter n/a)* @

Facebook Page Name: * *(if none, enter n/a)* @

7. Has your organization applied for an AARP Community Challenge previously? *

- ☐ Yes – Selected more than once
- ☐ Yes – Selected once
- ☐ Yes – Not selected
- ☐ No – did not apply

8. How did you hear about this grant opportunity? *

- ☐ The AARP State Office in my state
- ☐ The AARP Livable Communities e-newsletter
- ☐ An email from AARP Livable Communities
- ☐ A national organizational newsletter or conference
- ☐ Toyota Motor North America
- ☐ Microsoft
- ☐ A local event or newsletter
- ☐ Word of mouth in the community
- ☐ Social Media
- ☐ A grant finder tool
- ☐ Internet search

Demonstration Grant Application

- ☐ State or local government entity
- ☐ Other: _____

COMMUNITY DETAILS

9. Community where this project will be delivered: *

NOTE: This information is for AARP's internal analysis only and will not be used in award information, etc.

City: _____ County: _____ State: _____ Zip: _____

10. Would you describe this community as: *

- ☐ Rural
- ☐ Suburban
- ☐ Urban

11. How many residents do you estimate will directly benefit from the project per year? * (e.g., how many people will visit the library annually, how many people will visit the plaza in downtown, how many people will use the transit system in that neighborhood, etc.)

Number of Residents: (numbers only) _____

Please estimate the percentage (%) of those residents that are age 50 or over: _____%

Please explain: _____

12. What will be the geographic scale of impact for this project? *


- ☐ Individual home(s)/housing complex(s)
- ☐ One neighborhood
- ☐ More than one neighborhood
- ☐ Neighborhood impact in an area that is a community space (e.g., benches in a park would be 'neighborhood level' but are in a community-wide space)
- ☐ Whole community (e.g., city, county, unincorporated area)
- ☐ Regional
- ☐ Statewide
- ☐ Other

Please describe Other: _____

13. Project Description. * Please provide a description of your project in 2,000 characters or less (including spaces). Please also include any benefits of your project specifically for people 50-plus.

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A large, light-grey watermark with the word "NOTES" in all caps is oriented diagonally from the bottom left towards the top right, covering the lower half of the page. The watermark letters are thin and semi-transparent.

- Partisan, political or election related activities
- Planning activities, assessments or surveys of communities without tangible engagement
- Studies with no follow-up action
- Publication of books or reports
- Acquisition of land and/or buildings
- Purchase of a vehicle or mechanical equipment (such as a car, truck, bus, snow mobile, snow grooming machine or tractor)
- Sponsorships of other organizations' events or activities
- Research and development for a nonprofit endeavor
- Research and development for a for-profit endeavor
- The promotion of a for-profit entity and/or its products and services



Demonstration Grant Application

Example 1 (Pedestrian Safety):

This project will improve the safety at two busy intersections by installing artistic crosswalks and pedestrian timing devices.

Example 2 (High-Speed Internet (Broadband)):

The project will install wireless internet in public housing building apartments and common spaces to increase high-speed internet (broadband) access and adoption. A computer lab will be created, with local college students recruited to offer introductory computer skill classes in multiple languages.

Example 3 (Reconnect Communities):

This project will focus on the impact of ABC Freeway bisecting Downtown. Residents from both sides of the freeway will come together at pop-up events to identify temporary and long-term solutions to reconnect the neighborhood physically and socially.

Example 4 (Housing Design Competition):

Organization will hold an accessory dwelling unit (ADU) design competition, with participants focusing on the needs of adults 50+ in the community. The organization will also conduct community engagement to encourage the construction of ADUs, which allow adults age 50+ to age in place.

- 15. Project Timeline.** * AARP Community Challenge projects should be quick-action in nature and able to be completed by December 15, 2025. Please provide a brief project timeline using the month boxes below. ***Be sure to include time to receive any municipal approvals, land-use agreements, request for proposals/contractor bidding process and approvals, impact of potential weather (heat, cold, rain), supply chain lead time, etc.***

NOTE: We anticipate that grantees will receive selection notifications in May and payment in June/July. Projects must be completed by December 15 and After-Action Reports are due December 31, 2025. Please see the [Your Questions Answered](#) website for more information on the grant cycle timeline.

June: _____

July: _____

August: _____

September: _____

October: _____

November: _____

December: Complete Grant. Submit After-Action Report. _____

- 16. Land-Use Approvals.** * Do you have landowner permission(s), required municipal/state/federal permit(s) or approval(s), environmental impact study(ies), or other documents that will be required prior to project commencement?

☐ Yes

Demonstration Grant Application

- ☐ In Progress
☐ Not Applicable

Please explain: _____

17. Upload one attachment if needed.

NOTE: This is not required, but you may share one document, i.e., designs, map, photos, letters of support, or supporting materials. Please combine multiple items into one file.

Maximum file size: 25 MB

18. Project Type: *

NOTE: Proposals for the project types described below will be prioritized over those that support ongoing programming or events.

- ☐ **Permanent physical** improvements in the community
☐ **Temporary demonstrations** that lead to long-term change
☐ **New, innovative programming** or services

19. Project Category. * Please select the category below that best describes your project.

- ☐ **Enhancing pedestrian safety** by creating safer streets and sidewalks (with a focus on people age 50-plus) with funding support from Toyota Motor North America.
- ☐ **Expanding high-speed internet (broadband)** access and adoption (with a focus on people age 50-plus) with funding support from Microsoft.
- ☐ **Reconnecting communities** divided by infrastructure (with a focus on people age 50-plus), as highlighted in AARP's award-winning [Before the Highway](#) article series.

Is this project connected to the [Reconnecting Communities and Neighborhoods Grant Program](#) from the U.S. Department of Transportation?

- ☐ Yes
- ☐ No
- ☐ **Implementing housing design competitions** that increase community understanding and encourage implementation of policies that enable greater choice in housing (with a focus on people age 50-plus), using the [AARP Housing Design Competition Tool Kit](#).

Demonstration Grant Application

20. Project Deliverables. * Please select and enter the quantity for the deliverables relevant to your project. *Select all that apply. Minimum of 3 deliverables required. Maximum of 10.*

Pedestrian Safety Category Deliverables:

- ☐ Organization will improve ## streets and sidewalks to increase safety for pedestrians (with emphasis on the needs of people age 50-plus).
Quantity: _____
Please describe: _____
- ☐ Organization will install or improve ## crosswalks (with emphasis on the needs of people age 50-plus) with enhancements such as pedestrian islands, curb cuts, crosswalk signals/beacons and artistic elements to beautify the intersection and improve visibility.
Quantity: _____
Please describe: _____
- ☐ Organization will install ## pedestrian-friendly amenities along sidewalks, such as benches, bike racks, wayfinding signage and lighting (with emphasis on the needs of people age 50-plus).
Quantity: _____
Please describe: _____
- ☐ Organization will install ## temporary traffic calming pop-ups on streets and at intersections (with emphasis on the safety needs of people age 50-plus).
Quantity: _____
Please describe: _____
- ☐ Organization will engage ## community members (with emphasis on people age 50-plus) in pedestrian safety efforts and education.
Quantity: _____
Please describe: _____
- ☐ Other
Quantity: _____
Please describe: _____

Add more deliverables as necessary (max of 10 deliverables total)

High-Speed Internet (Broadband) Category Deliverables:

- ☐ Organization will support high-speed internet (broadband) access and adoption in ## locations for people who are low-income and underserved (with a focus on people age 50-plus).
Quantity: _____
Please describe: _____

Demonstration Grant Application

- ☐ Organization will provide ## digital devices (e.g. laptops, tablets, computer peripherals, software, etc.) to support individuals (with a focus on people age 50-plus) with internet access.
Quantity: _____
Please describe: _____
- ☐ Organization will provide ## digital skills trainings and resources to enhance digital inclusion (especially among people age 50-plus).
Quantity: _____
Please describe: _____
- ☐ Organization will support ## community members (with a focus on people age 50-plus) with enhanced digital inclusion.
Quantity: _____
Please describe: _____
- ☐ Organization will recruit and engage ## volunteers (with a focus on people age 50-plus) to support high-speed internet (broadband) access and adoption.
Quantity: _____
Please describe: _____
- ☐ Other
Quantity: _____
Please describe: _____

Add more deliverables as necessary (max of 10 deliverables total)

Reconnect Communities Category Deliverables:

- ☐ Organization will organize ## outreach or pop-up events to reconnect communities that have been divided by infrastructure (with a focus on people age 50-plus).
Quantity: _____
Please describe: _____
- ☐ Organization will create ## resources to engage community members (especially people age 50-plus) in identifying temporary and long-term solutions to reconnecting the neighborhood, (i.e. proposals or plans to remove or mitigate the effects of infrastructure projects that divided their communities).
Quantity: _____
Please describe: _____
- ☐ Organization will develop ## program(s) to collect input on infrastructure solutions or oral history stories from community members impacted by the infrastructure project to inform potential changes to the built environment.

Demonstration Grant Application

Quantity: _____

Please describe: _____

- ☐ Organization may fund ## temporary or permanent physical infrastructure changes, such as sidewalks, crosswalks, or protected bike lanes, to reconnect communities that have been divided by infrastructure (with a focus on people age 50-plus).

Quantity: _____

Please describe: _____

- ☐ Organization will engage ## community members (with a focus on people age 50-plus) to participate in the project.

- ☐ Organization will recruit and engage ## volunteers (with a focus on people age 50-plus) to support project implementation.

Quantity: _____

- ☐ Other

Quantity: _____

Please describe: _____

Add more deliverables as necessary (max of 10 deliverables total)

Housing Design Competitions Category Deliverables:

- ☐ Organization will host ## design competition(s) to increase housing choices in the community (particularly for people age 50-plus).

Quantity: _____

Please describe: _____

- ☐ Organization will invite ## design students or professionals to participate in the design competition.

Quantity: _____

Please describe: _____

- ☐ Organization will select ## designs to enable greater choices in housing (particularly for people age 50-plus).

Quantity: _____

Please describe: _____

- ☐ Organization will create ## resources or outreach opportunities to inform and educate community members and homeowners about housing choices (with a focus on people age 50-plus).

Quantity: _____

Demonstration Grant Application

Please describe: _____

☐ Other

Quantity: _____

Please describe: _____

Add more deliverables as necessary (max of 10 deliverables total)

PROJECT NARRATIVE

Please complete each section with 2,000 characters or fewer (including spaces).

21. Organizational Livable Communities Activities. * Please describe: 1) How your organization has been involved in past work to make this community more livable to date. (*Learn more at [What is a Livable Community?](#)*) and 2) How this project will support existing efforts to make this community more livable for all (with a focus on people 50-plus).

22. Community engagement. * Please describe: 1) How residents and local organizations have been engaged in the area's livable communities' activities to date. (*Learn more at [What is a Livable Community?](#)*) and 2) How you will involve them as you execute this grant (with a focus on people 50-plus).

23. Older Adults. * How will your project benefit residents age 50 and over?

24. Role of volunteers. * Will volunteers play a role in the implementation of the Community Challenge project?

☐ Yes

Demonstration Grant Application

☐ No

If yes, please explain how volunteers will be involved in implementing the project:

a. Will volunteers age 50 and older play a role in implementing the project?

☐ Yes

☐ No

Please explain:

25. Diversity, Equity, and Inclusion. * Will your project focus on, benefit or engage a specific multicultural or historically marginalized population of older adults and their families in the community change efforts?

☐ Yes

☐ No

If Yes, please select the one or two who will be primarily impacted below.

☐ African American/Black

☐ Hispanic/Latino

☐ Asian American/Pacific Islander

☐ American Indian/Alaska Native

☐ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+)

☐ People with Disabilities

☐ Other Not Listed: _____

Please describe how the effort benefits or engages this population (including any emphasis on people 50-plus and their families).

26. Disparities. * Will your project improve or address existing disparities (including racial or economic) experienced in the community (especially for people age 50 and older)?

☐ Yes

☐ No

Please describe: _____

27. Veterans and Military Families. * Will your project have an emphasis on veterans and their families of all ages (including those age 50 and older)?

☐ Yes

Demonstration Grant Application

☐ No

Please describe: _____

PROJECT BUDGET

28. Liability insurance requirement. * If selected, organizations will need to carry and maintain comprehensive general liability (and professional liability, if applicable) in an amount not less than one million dollars (\$1,000,000) and workers' compensation insurance in an amount as required by applicable law covering all personnel engaged in the execution of the grant. **Do you acknowledge this liability insurance requirement?**

☐ YES

☐ NO

29. Grant Amount and Budget. * Please include the total grant request and specify all expenses that will be covered by this grant.

NOTES:

- AARP reserves the right to award less funds than requested – applicants should be prepared to discuss how they would scale down their proposal if asked.
- The AARP Community Challenge will typically only award grants that spend 0-15% on indirect, overhead, and staff costs. However, AARP reserves the right to award compelling projects that go beyond this range.
- Project marketing, branding, etc. can and should be included in project budget. Please budget for any banners, stickers, etc. you'll need to purchase for your project to align with the AARP's branding requirements.
- Details on the requirements for insurance, limits on indirect costs and branding are described on the [Your Questions Answered](#) website.

Enter whole numbers only in the amount field. No \$ dollar sign or cents.

TOTAL GRANT AMOUNT REQUESTED: * \$ _____ (maximum of \$25,000)

Contracted services costs, if any: \$ _____ **Additional Information:** _____

Materials & supplies, if any: \$ _____ **Additional Information:** _____

Travel expenses, if any: \$ _____ **Additional Information:** _____

Marketing, branding, or outreach, if any: \$ _____ **Additional Information:** _____

Liability insurance, if any: \$ _____ **Additional Information:** _____

Indirect, Overhead, and Staff costs, if any: \$ _____ **Additional Information:** _____

Demonstration Grant Application

30. Matching/Supporting Funds and In-Kind Support. *Matching funds are NOT required.* Please detail any matching/supporting funds or in-kind support the organization will receive to contribute toward this project. Include volunteer/donated work as in-kind support.

PRIVATE (INCLUDING NONPROFIT)

Matching Funds/Supporting Funds: \$ _____ Describe In-Kind Support: _____

PUBLIC

Matching Funds/Supporting Funds: \$ _____ Describe In-Kind Support: _____

31. Livable Newsletter Consent. * I consent to AARP sending an invitation to the email address I provided above, to subscribe to the free, weekly AARP Livable Communities e-Newsletter. I will receive an email to confirm my choice to receive the e-newsletter and can express that choice by clicking “Confirm” or, if I choose not to receive the e-newsletter, I do not need to respond. I understand that I may unsubscribe at any time. (If you are already a subscriber or want to subscribe right now by visiting [AARP.org/Livable-Subscribe](https://www.aarp.org/Livable-Subscribe), select “Already a subscriber” below.)

- ☐ YES, I consent.
- ☐ NO, I do not consent.
- ☐ Already a subscriber.

32. Other Funding. * AARP might be contacted by other potential funders that could be interested in funding projects that were not funded through the AARP Community Challenge. The potential funders may have additional process steps and funding requirements than those of the AARP Community Challenge. If requested, AARP would like to send your contact information, organization name and a short description of your proposal, including the community where the project would take place (“Project Information”). Please note that these projects will be subject to any potential funder’s own terms, conditions and review. Please indicate in your application whether or not you give permission to AARP to share your Project Information with other potential funders. If you select “yes,” you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with sharing the Project Information with potential funders. We will alert you before this Project Information is given to potential funders. **Do you give AARP permission to share this Project Information with other organizations that might be interested in funding your project?**

- ☐ YES
- ☐ NO

An opportunity for other possible AARP funding. Please note that by submitting a proposal for the AARP Community Challenge initiative, you and your organization give AARP permission to reach out to you and others at your organization about other possible AARP funding opportunities that your proposal may be eligible for based on the AARP Community Challenge criteria. However, please note that AARP is not

Demonstration Grant Application

obligated in any way to consider your proposal for any additional AARP funding.

NOTIFICATION

When you SUBMIT this application, you will receive a confirmation email within the hour. Please make sure to check your spam folder if you do not see it. If you do NOT receive a submission confirmation, you have NOT submitted successfully. Please go back and make sure you completed ALL required questions and did not go over the text box character limits.

All applicants will be notified of their selection by email in May 2025. To receive funding, selected applicants must execute and return a binding Memorandum of Understanding and completed financial forms to the AARP National office in a timely manner.

TERMS AND CONDITIONS

If you submit this application, you agree on behalf of yourself and your organization to release AARP and its affiliates and their respective officers, directors, employees, contractors, agents and representatives from all liability associated with submission and evaluation of your organization's application.

By submitting an application to AARP, the applicant agrees that:

- The decisions of AARP regarding the eligibility of applicants and the validity of entries shall be final and binding.
- All submissions will be judged by AARP, whose decisions and determinations as to the administration of the award and selection of award recipients are final.
- AARP has the right, in its sole discretion, to cancel, or suspend the award.
- All projects and applications shall not violate any third-party rights.
- Except where prohibited by law, participation in the AARP Community Challenge constitutes the Applicant's consent to AARP's use of the organization's name and corporate logo, street address, city, state, zip code, county, and names, likenesses, photographs, videos, images, and statements made or provided by the Applicant's representatives regarding the award for promotional purposes in any media without further permission, consent, payment or other consideration in perpetuity.
- For the *Flagship* and the *Demonstration Grant*, the organization agrees to carry and maintain comprehensive general liability and professional liability in an amount not less than one million dollars (\$1,000,000) and workers' compensation insurance in an amount as required by applicable law covering all personnel engaged in the execution of the grant.
- For the *Capacity-Building Microgrant*, the organization agrees to carry and maintain comprehensive general liability insurance in an amount that's appropriate to cover the potential liability of the project as determined by the organization.
- All promotional materials (such as newsletters, press releases), events and signage related to the funded project will include a statement indicating that support was received from AARP and Community Challenge supporters as required by AARP.
- The organization is required to capture photos, videos and/or stories from the project. As the organization captures photos, videos and/or stories from the project, if an identifiable individual appears in the photos, videos and/or stories, the organization is responsible for having him/her sign the AARP General Release. (This document is provided to grantees with the Memorandum of Understanding and other required paperwork). In addition, the organization should not include any element in photos or videos provided to AARP that may violate third party rights, such as artwork and trademarks in text and logo other than those owned by the organization and AARP. The organization may be asked to send work-in-progress photos

Demonstration Grant Application

to AARP upon request. Following the grant period, grantees are required to respond to periodic requests for updates from AARP.

- The submission of the After-Action Report at the conclusion of the project is required by the deadline. Failure to submit the required report will result in the removal from the AARP website until the time of submission, and non-completion will disqualify an applicant from future AARP Community Challenge grant programs.
- AARP and its affiliated organizations, subsidiaries, agents and employees are not responsible for late, lost, illegible, incomplete, stolen, misdirected, illegitimate, or impermissible submissions or any other error whether human, mechanical or electronic.

SAMPLE