



Western Reserve

Area Agency on Aging

Completion Review Request APPLICATION COVER SHEET

Please use this checklist to organize documents for the Completion Review.

Type Applicant Name: _____

- This application packet includes the signed Older Americans Act (OAA) Proposal **Completion Review Request Form** (found on Page 2 of this document).
- This application packet includes all materials needed to apply for OAA funding, as described in the document **OAA Instructions and Forms**
- This application packet includes one (1) signed original proposal packet and one (1) copy proposal packet.
- This application packet will be received by the Western Reserve Area Agency on Aging (WRAAA), 1700 East 13th Street, Suite 114, Cleveland, Ohio, 44114 before **4 pm on Monday, October 7, 2019.**



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Area Agency on Aging

Completion Review Request

Applicant has filled out a proposal application for 2020-2021 Older Americans Act (OAA) funding to the best of our ability, and is submitting the documents for a completion review by WRAAA staff. The undersigned understands and agrees that:

- 1) Proposal applications received by the Western Reserve Area Agency on Aging **after 4 pm on October 7, 2019**, will not be eligible for document completion review.
- 2) Each Applicant may make no more than one (1) request for a document review.
- 3) The application will not be reviewed for responsiveness. The content of questions responses will not be scored. WRAAA staff will not provide feedback on the content of the responses.
- 4) If the application is found to contain all the required documents, signatures, formats and forms, it will be accepted for further consideration and no further action will be required on the Applicant's part.
- 5) If the application submitted for completion review is found to be incomplete, it will not be accepted for further consideration and the contact person listed below will be notified, using the e-mail address provided below, on or before **October 11, 2019**. WRAAA will retain a copy of the reviewed proposal application.
- 6) It is the responsibility of the Applicant to pick up the original proposal application which was not accepted by **4 pm on October 11, 2019**, at the WRAAA offices at 1700 East 13th Street, Suite 114, Cleveland, Ohio, 44114. *The WRAAA will not mail, email, or fax proposal applications back to the applicant.*
- 7) The Applicant may then complete the proposal and resubmit it by the due date of **4 pm on October 18, 2019**.

Name of contact person: _____

E-mail address of contact person: _____

SIGNATURE OF PERSON AUTHORIZED TO SIGN
PROPOSAL FOR APPLICANT

Date

TYPED NAME & TITLE OF AUTHORIZED SIGNATORY

TYPED ADDRESS OF AUTHORIZED SIGNATORY