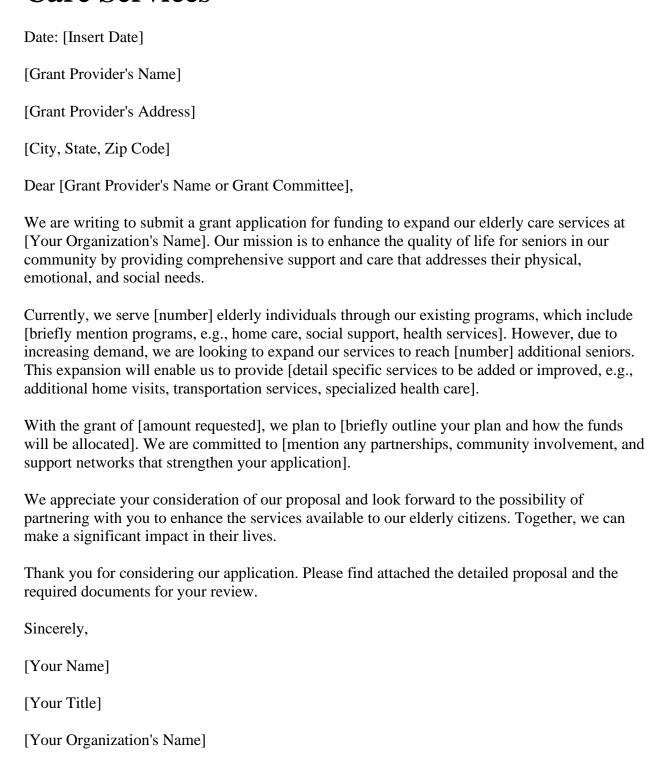
## **Grant Application for Expansion of Elderly Care Services**



[Your Organization's Address]

[City, State, Zip Code]

[Your Contact Information]