

# Funding Proposal for Geriatric Support Program

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Funding Agency/Organization Name]

[Contact Person's Name]

[Address]

[City, State, Zip Code]

**Dear [Contact Person's Name],**

I am writing to propose funding for our Geriatric Support Program at [Your Organization]. Our program aims to provide essential services and support to the elderly population in our community, addressing their unique needs and enhancing their quality of life.

## **Program Overview**

The Geriatric Support Program offers a range of services, including:

- Health and wellness workshops
- Transport services for medical appointments
- Social engagement activities
- Home assistance programs

## **Funding Request**

We seek a total funding amount of [insert amount], which will be allocated towards staffing, program materials, and outreach efforts to effectively reach our target demographic.

## **Conclusion**

We believe that this program will significantly benefit the seniors in our community. We appreciate your consideration of our funding request and look forward to the possibility of partnering with [Funding Agency/Organization Name].

Thank you for your time and support.

Sincerely,  
[Your Name]  
[Your Position]  
[Your Organization]