



*Thank you for attending the AJFCA workshop on Music & Memory. Please fill out this application to be considered for start-up funding.*

Name of Agency:	
Address:	
CEO/ED:	E-mail:
Lead Contact Name/Title:	
E-mail:	Phone:
Alternative Contact Name/Title:	
E-mail:	Phone:

**Terms of Participation:**

- At least two staff persons will consistently attend each of the three Music & Memory Webinar Training Sessions and monthly group conference calls.
- The agency will implement the Music & Memory Program and provide any necessary staff support and resources as outlined in the training.
- The agency will participate in an evaluation of the project as requested by the Music & Memory organization.
- The agency will provide a dedicated laptop computer for the use of the Music & Memory Program.
- Project staff will participate in monthly conference calls for one year.
- Music & Memory organization will provide start-up equipment for participants at completion of certification. This includes:
  - 20 new iPod shuffles
  - Headphones
  - AC adaptors
  - \$200 iTunes gift card
  - Music & Memory Certification

As the Administrator of the above-named agency, I agree to the Terms of Participation.

Signature of Administer: \_\_\_\_\_

Date: \_\_\_\_\_

- ❖ Please describe your agency's older adult programs and services.
  
- ❖ What staff at your agency will attend the Webinar Training Program and join your Music & Memory team if you receive funds for the program (e.g. Administrator, Physician, Registered Nurse Supervisor, Therapeutic Recreation Director, Memory Care Program Manager, Social Worker, Music Therapist)?
  
- ❖ How will your agency broadly support the Music & Memory Program?
  
- ❖ Please describe your plans for community outreach, education and partnership.
  
- ❖ Please describe your plans for using volunteers.
  
- ❖ What is your plan to ensure that the Music & Memory program is sustained at your agency?
  
- ❖ Please provide any additional information regarding how the Music & Memory program will be beneficial to the clients who become involved .



**Signature of Administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return the completed application to Dan Cohen via email:**

**[dcohen@musicandmemory.org](mailto:dcohen@musicandmemory.org)**

**If you have questions, please contact Letitia Rogers via email:**

**[lrogers@musicandmemory.org](mailto:lrogers@musicandmemory.org)**