Commission on Aging

Form:	**Reallocation and Voluntary Return of Title 3 and Title 7 Funding**
Policy:	**Idaho Commission on Aging Policy for Reallocation of Funds between AAAs**
Version	01

Submit Request to: invoices@aging.idaho.gov

Date :	AAA:
Contact Name:	Telephone:
Email:	State FY:

STOP **Before submitting this form, review the Policy. Submission of this form serves as an attestation that your request complies with the regulations as stated.**

Part 1:

Does the AAA seek to voluntarily return funds? ☐ YES ☐ NO

If so, how much and from which Grant Award?

Award	Amount
B	
C1	
C2	
D	
E	

Signature of AAA Director:

Signature of Parent Governing Board or Chief Elected Official:

Part 2:

We request any reallotted funds: ☐ YES ☐ NO

If yes, which Grant Award do you want reallotted funds from? Select the following Grant Awards that apply:

☐ B ☐ C1 ☐ C2 ☐ D ☐ E

Signature of AAA Director: