



Grant Criteria for Program Support

All applications shall be completed and submitted by a senior service organization. All applications shall be reviewed on a first come first serve basis. Grants will be awarded as funds are available. **All incomplete applications will be returned.** All applicants will receive a status of their application in writing.

Deadlines

- ❖ All applications for **program support** must be received no later than 60 days prior to the date of the scheduled event.
- ❖ All applications and required documents must be completed and emailed or mailed to:
Attn: Kerry Zingaro
OCES
144 Main Street
Brockton, MA 02301
KZingaro@ocesma.org
- ❖ Although there are no deadlines for individuals to submit a request, please know that the committee reviews applications on a first come first serve basis.

Forms

Please be sure to include the following information in your application. An incomplete application will be returned and will delay the review of your application. Please be sure to follow the specific instructions for your application:

Applications for a social service organization or Council on Aging:

- ❖ **Grant Application to Support an Agency/Program Need**
- ❖ Grant Budget Worksheet
- ❖ Grant Award Notice **or** Grant Waiver (complete relevant form and mail upon receipt)
- ❖ Final Program Summary (to be mailed after)

Please note that the maximum award for a senior service organization will be \$500.

Grant Application to Support an Agency/Program Need

Date of Application:	FID/Non Profit # (if applicable):	Date of Program (if applicable):
Applicant/Sponsor Organization:		Amount Requested:
Contact Name:		Phone Number:
Address:		Email:
Program Location (if applicable):		
Name of Program:		
Type of Grant (please circle):	Event	Agency Need
Please describe your request and the need for financial assistance:		
<p><i>I have completed and attached all the necessary information for my grant application, retaining a copy of this for my organization's records. I understand the terms and responsibilities should we be awarded grant funds.</i></p>		

_____	Signature	Date

Grant Budget Worksheet

Event/Exhibit Name:

Funding Request:

Contact Person:

****In-kind services, administrative and overhead costs are not eligible costs within this budget presentation****

<i>Item Description</i>	<i>Amount</i>	<i>Existing Funding \$\$</i>	<i>Anticipated Funding \$\$ Other than PNG Application</i>	<i>PNG Grant Request</i>
TOTALS	\$	\$	\$	\$

Grant Award Notice

** To be completed by agency and returned to PNG upon receipt funds.

Event/Identified Need: _____

Organization & Authorized Representative: _____

I, _____, representing the above organization
acknowledge the PNG Grant of \$ _____ for the above described event
and or need. I have received said grant on this date.

Signature

Title

Date

Grant Waiver

** To be completed by agency and returned to PNG if funds are no longer needed.

Event/Identified Need: _____

Organization & Authorized Representative: _____

I, _____, representing the above organization
acknowledge the PNG Grant of \$ _____ for the above described event
and or need. It has been determined that the funds are no longer required and I waive any
claim to said funds.

Reason for returned funds:

Signature

Title

Date

Final Event Summary

****Submit this summary within 60 days of event date and please enclose all relevant receipts****

Name of Event/Program: _____

Date of Event/Program: _____

Sponsoring Organization: _____

Amount of Grant: _____

Estimated Attendance: _____

Please provide a brief Description of the Event/Program PNG Sponsored:

Please attach a copy of news article or photos featuring this event.

Do you give PNG permission to use this information to support our fundraising efforts (please circle):

YES

NO

With Limitations

Please describe limitations:

Signature

Date

Title