



### **Grant Criteria for Individual Applications**

All applications shall be completed and submitted by a senior service organization or matching sponsor. 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.

#### **Relevant Information:**

- ❖ 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](mailto: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 an individual need:**

- ❖ **Grant Application to Support an Individual Need**
- ❖ If your agency or if other agency's are proposing to match your request for funds from the PNG, please include the Grant Budget Worksheet
- ❖ Grant Award Notice **or** Grant Waiver (complete relevant form and mail upon receipt)
- ❖ **Verification of date of birth (DOB) (copy of drivers license or benefit eligibility form stating DOB)**

Please note that the maximum match grant for an individual will be \$300.

**Grant Application to Support an Individual Need**

|  |                          |
|--|--------------------------|
| Date of Application:   | <b>Amount Requested:</b> |
| Contact Name:  | Phone Number:            |
| Address:   |                          |
| Email:   | Date of Birth:           |
| Please describe your request and the need for financial assistance:  |                          |
| Have you contacted any other organizations for assistance? If so, please list who you have been in contact with and any support provided.  |                          |
| Is the applicant familiar with or receiving any services from the following (please circle those that apply):  |                          |
| Old Colony Elder Services      Council on Aging      SNAP (food stamps)  |                          |
| Department of Transitional Assistance      Other (please identify): _____  |                          |
| <i>I have completed this application to the best of my ability and authorize representatives from the PNG Grants Committee to review this information and contact and share this information with other organizations to raise funds for my request.</i> |                          |
| _____<br>Signature   | _____<br>Date            |

**Grant Budget Worksheet**

**Applicant Exhibit Name:**

**Funding Request:**

**Agency and Contact Person:**

| <i><b>Item Description</b></i> | <i><b>Amount</b></i> | <i><b>Existing Funding<br/>\$\$<br/>(possible applicant<br/>contribution)</b></i> | <i><b>Anticipated<br/>Funding \$\$<br/>Other than PNG<br/>Application<br/>(agency match-<br/>please identify all<br/>matches obtained)</b></i> | <i><b>PNG Grant<br/>Request</b></i> |
|--------------------------------|----------------------|---|--|-------------------------------------|
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
|                                |                      |   |  |                                     |
| <b>TOTALS</b>                  | \$                   | \$  | \$   | \$                                  |

*Individual Grant Award Notice*

**Identified Need:** \_\_\_\_\_

**Recipient Name:** \_\_\_\_\_

**Name of Agency and Contact that submitted application:**

\_\_\_\_\_

I, \_\_\_\_\_, acknowledge the PNG Grant of \$  
\_\_\_\_\_ (or list items received). I have received said grant on this date.

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

*Individual Grant Waiver*

**Identified Need:** \_\_\_\_\_

**Recipient Name:** \_\_\_\_\_

**Name of Agency and Contact that submitted application:**

\_\_\_\_\_

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 waive any  
claim to said funds on behalf of the applicant.

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date