



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 sent to:
Attn: Liisa Budge-Johnson
C/O Plymouth County Sheriff's Department
24 Long Pond Road
Plymouth, MA 02360
- ❖ Although there are no deadlines for individuals to submit a request, please know that the committee meets on a monthly basis to review all applications.

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:	Amount Requested:
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>	
_____ Signature	_____ Date

Grant Budget Worksheet

Applicant Exhibit Name:

Funding Request:

Agency and Contact Person:

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

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