

# POAMN

Presbyterian Older Adult Ministries Network

## Opportunities in Older Adult Ministry Grants – Application

*Please read "Grant Guidelines, Information, Qualifications" before mailing Application*

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Program/Project Title \_\_\_\_\_

Your Role in Program/Project \_\_\_\_\_

Individual Member of POAMN? YES \_\_\_ No \_\_\_

Designated Representative of Organizational Member of POAMN? YES \_\_\_ No \_\_\_

If so, Provide Organization's Name \_\_\_\_\_

Amount Requested \_\_\_\_\_

When Will Funds be Needed? \_\_\_\_\_

Is Grant for Special Event or Ongoing Ministry? \_\_\_\_\_

*Please Continue on Page 2*

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**Description of Program/Project (Use additional pages if needed)**

Please include description of program or ministry, purpose of grant, target beneficiaries, time frame, and basic budget, & evaluation plans.

**What will happen with the Program/Project after POAMN Grant is no longer available?**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return Application To: POAMN, PO Box 700311, Oostburg, WI 53070**