



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? _____

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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 70174 Henrico, VA 23255
or email to poamnetwork@gmail.com**