**2021 Pasco Aging Network Grant Application**

Applicant’s name:

\**Applicant must be a PAN member; applicant does not need to be part of the organization to apply.*

Applicant Organization:

Mailing Address:

City, State, Zip:

Contact Phone:

Contact Email:

1. Are you a 501c3 Non-Profit or a Governmental Entity?

**YES NO**

1. Does your organization predominantly (50% or more) serve seniors (60+) in Pasco?

**YES NO**

1. If NO, is the program/initiative you are applying for focused solely on serving seniors in Pasco?

**YES NO**

On a separate page, please provide the following information:

* Provide the name of the program/initiative you are requesting funding for and the amount of funding being requested.
* Provide an overview of the program/initiative and provide evidence of need in our community to fund this initiative.
* Provide goals/objectives the initiative aims to achieve and how you will track progress toward these goals.
* Beyond funding, how can the Pasco Aging Network membership support this project?

Please keep your narrative portion of your application to 1 page in length and submit a copy of your 501c3 IRS designation letter with the narrative application. All materials must be submitted to [PascoAgingNetwork@gmail.com](mailto:PascoAgingNetwork@gmail.com) no later than **July, 23 at 5 pm.**

By signing this document, you confirm all material provided in this application is accurate. You also commit to providing Pasco Aging Network a 1-page impact report, with pictures where possible, describing the funded project and the goals accomplished. This must be submitted no later than **February 1, 2022**.

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Name & Title of Applicant Date