



PURPOSE

The Aging Assistance Granting Group (AAGG) provides grants and loans to aging PYM Quakers who need financial assistance in order to remain in their own homes, or to meet basic living expenses, or to afford necessary equipment or services. Small pocket money grants are also made for residents of Friends retirement communities. Occasional grants may be made to support specific projects of Quaker organizations to benefit aging PYM Friends. Grants are made in accord with the donors' restrictions on the nine AAGG Funds.

TYPES OF GRANTS

1. **One-time Grants** meet specific needs. These are usually made to individuals and often paid directly to the vendor or provider of services. Infrequently, one-time grants are made to Quaker institutions. *See Eligibility section 2.*
2. **Monthly Grants** are made for recurring costs such as housing, food and medical expenses. The size of these grants is determined by the demonstrated need and availability of funds.
3. **Pocket Money Grants** are made to residents, Quakers or not, of PYM Friends retirement communities for personal purchases such as clothing, medications, spending money and the like, and not for monthly or per diem charges.

ELIGIBILITY

1. **Individual onetime and monthly AAGG grants** are made to aging members of PYM Monthly Meetings or their elderly immediate family members, including domestic partners. Most grantees, with rare exceptions, are at least 60 years old. Grantees must demonstrate financial need.
2. **Quaker institutions in the PYM area** are eligible to apply for onetime Cadbury grants for projects that address the needs of aging PYM Friends.
3. **Pocket Money Grants** are made to individuals who are current residents of Friends retirement facilities in the PYM area, who are not on Medical Assistance, and who otherwise would have not have spending money.

APPLICATION REQUIREMENTS

1. **Aging Friends in financial need** may apply for themselves using the AAGG Application Form and Financial Form A or B, depending on the amount requested within 12 month period. Their applications may be completed with the support of a family or Meeting member, or other caregiver.
2. **Quaker institutions in the PYM area** may apply for onetime grants for projects that address the needs of aging PYM Friends. Application is made using the Quaker Grantmakers Common Form.
3. **Friends retirement homes in the PYM area** may apply twice a year, on behalf of residents who meet the eligibility requirement above, for Pocket Money Grants for individuals. To apply, the facility completes the AAGG Application Form (page one only), and AAGG Financial Form A for each resident.

GRANT SIZE

- **One-time grants or loans** normally range from \$200 to \$10,000 based on need.
- **Monthly grants** range from \$100 to \$1,000. Size is need-based and limited by availability of funds.
- **Pocket money grants** are normally about \$400 per 6-month period. Grant size is the same for all recipients in each cycle, and varies with the number of applicants.

Awards are made as grants or no-interest loans. Loans are awarded in cases where an applicant has significant assets. Loan recipients are required to sign a letter of intent to repay upon the settlement of their estates, should sufficient funds remain.

PRIORITIES

Download application forms at <http://www.pym.org/grants/grants-resources/forms-and-guidelines/>

QUESTIONS? or to confirm that these GUIDELINES ARE CURRENT before applying, CALL 215-241-7201

The Aging Assistance Granting Group is composed of Friends from various PYM Monthly Meetings. The group responds to needs that arise between their Fall and Spring meetings when necessary. The granting group's discernment is guided by the priorities:

- **Help PYM Friends age with dignity.**
- **Address basic needs of PYM Friends 60 years of age and over first.**
- **Assist in those cases where AAGG is the most appropriate funding source.**

APPLICATION TIMELINE AND EXPECTATIONS

Aging PYM members with immediate needs should *apply as soon as the need is known*. Contact Care and Aging Coordinator George Schaefer at (215) 241-7068 or gschaefer@pym.org. He will help you through the application process:

1. **DEADLINES:** Normal application deadlines are *March 1 & September 1*. The Granting Group meets in March and September, and also responds to urgent needs that arise between meetings.
2. **Request application forms** from Care and Aging Coordinator **or download them** at <http://www.pym.org/grants/grants-resources/forms-and-guidelines/>
 - a. **Individual applicants** must complete the Aging Assistance Application Form and Financial Form A or B depending on the size of the request.
 - b. **Friends Retirement Facilities** requesting pocket money grants must complete the Aging Assistance Application Form (p. 1 only) and Financial Statement Form A for each resident who is eligible for a grant.
 - c. **Quaker institutions** such as Monthly and Quarterly Meetings may use the Quaker Grantmakers Common Form to request one-time Cadbury grants for specific projects to benefit aging PYM Friends.
3. **Submit signed, completed application:** Scan and e-mail full application and all required documents to Grants@PYM.org or mail it to:

*Clerk of the Aging Assistance Granting Group
c/o George Schaefer, PYM Care and Aging Coordinator
1515 Cherry Street, Philadelphia, PA 19102*
4. **When your application is received**, you will be notified by phone or e-mail. At that time, we will ask you to provide any missing materials before the group considers your request.
5. **By the end of April or October**, or a month following the AAGG meeting when your request is considered, you will receive a letter notifying you of the group's decision. If you have received an award, the letter will explain what you can expect regarding payment of your grant or loan.

FUNDS

PYM Aging Assistance grants are made from the following nine donor-restricted funds, which may be used only for the purposes listed:

Aging Grant Fund - Grants to assist elderly and poor Friends; a portion may occasionally be used to assist non-Friends if living in Friends retirement facilities

Albertson Fund - Grants and loans to assist elderly persons living in their own homes

Cadbury Fund - Grants to elderly members of PYM or to institutions for their benefit

William Y. Inouye Fund - Grants for resident assistance to Friends in Friends nursing homes

Anna T. Jeanes Fund for Disabled Women - Grants for residents of Friends retirement homes

Pennsbury Fund - Direct assistance to elderly Friends

Satterthwaite & Hallowell Fund - Grants for resident assistance in Friends retirement facilities

Lula Shepard Fund - Direct assistance to elderly Friends

Stroharck Fund - Grants for resident assistance in Friends facilities within PYM

CONTACT

George Schaefer
PYM Care and Aging Coordinator

E-mail: Grants@PYM.org
Phone: (215) 241-7068



Attach pages as needed

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____
First Last

ADDRESS: _____
Street Apartment or Unit #
City State Zip

PHONE: _____ E-MAIL: _____

RESIDENTIAL STATUS: (check all boxes that apply to you) I live in...
a Quaker retirement community a Non-Quaker retirement facility my own home
a rental property with spouse or others alone

IF YOU ARE A PHILADELPHIA YEARLY MEETING MEMBER please fill in:

MONTHLY MEETING: _____

QUARTERLY MEETING: _____

MEETING CONTACT: _____
Name Meeting role: Clerk of Meeting or Care Committee, other

CONTACT PHONE: _____ E-MAIL: _____

IF REQUESTING A MONTHLY GRANT, please provide the following information:

CONTACT PERSON (next of kin): _____
Name Relationship

ADDRESS: _____
Street Apartment or Unit #
City State Zip

PHONE: _____ E-MAIL: _____

TYPE OF GRANT Requested

(check all boxes that apply to you)

Members of PYM Meetings only:

One-Time Amount requested \$ _____ Monthly Amount requested \$ _____

Residents of Quaker retirement facilities- who otherwise have no spending money:

Pocket Money (all pocket money grants are for the same amount)

CONTINUES ON REVERSE ->

Please specify how One-Time and/or Monthly grant would be used

(for example, 'to help with roof repairs', or 'for medical expenses') Please fully explain amounts needed for each purpose.

REQUIRED APPLICATION MATERIALS	Requesting up to \$1,000 in 12 months	Requesting over \$1,000 in 12 months	Pocket Money Requests
This Application Form	<i>Both pages</i>	<i>Both pages</i>	<i>Page 1 only</i>
Financial Form – <i>choose form corresponding to amount requested</i>	<i>Form A</i>	<i>Form B</i>	<i>Form A</i>
IRS Tax return – <i>prior year</i> Check here if not required to file: <input type="checkbox"/>	<i>no</i>	<i>yes</i>	<i>no</i>
Bank statements – <i>last 3 months</i>	<i>no</i>	<i>yes</i>	<i>no</i>
Care Committee Clerk Signature* <i>or contact Care&Aging Coordinator</i>	<i>no</i>	<i>yes</i>	<i>no</i>

If REQUESTING MORE THAN \$1,000 in a 12-month period

Please ask the Clerk of your Meeting’s Care Committee* to review all materials and affirm the following:

I have considered the materials submitted with this application. I certify the need and support this application.

Signature

Title/Role

Name (please print legibly)

Date

*If unable to obtain signature, contact PYM Care and Aging Coordinator at 215-241-7068 or gschaefer@pym.org



Applicant's Financial Statement for Grants of up to \$1,000 per Year

Applicant Name _____ Date of Application [mm/dd/yyyy] _____

In connection with my application for a grant, I submit the following statement, to be used by the Aging Assistance Granting Group in determining my eligibility for a grant. I understand that this information will be kept confidential.

Please provide **monthly** income/expense for each of the following.

INCOME	Dollar Amount
Employment and/or pension	\$ _____
Social Security	\$ _____
SSI	\$ _____
Annuities or IRA	\$ _____
Dividend Income	\$ _____
Interest Income	\$ _____
Total Basic Monthly Income:	

ASSISTANCE FROM OTHERS	
Cash assistance from family	\$ _____
Cash grants from other sources	\$ _____
Total Grants from others plus Family Assistance:	

RESIDENTS OF RETIREMENT FACILITIES	
If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:	
The dollar amount of the monthly fee published in the facility's Schedule of Fees for units of the type you live in:	\$ _____
The amount of any discount or financial aid the retirement facility provides to you each month	\$ _____

Applicant's Financial Statement for Grants of up to \$1,000 per Year

EXPENSES	
Please list all of your monthly costs which you are responsible to pay yourself	Dollar Amount
Mortgage or rent or monthly fee	\$ _____
Medical (Insurance, Co-pays, Medicine)	\$ _____
Food	\$ _____
Clothing	\$ _____
Utilities (Gas, Electric, Phone, Cable TV, Water)	\$ _____
Vehicle or Public Transit	\$ _____
Debt payments (including credit card or loan repayment)	\$ _____
Other <i>Please explain:</i>	\$ _____
Total Monthly Expenses:	

Signature of Applicant

Date [mm/dd/yyyy]

If someone other than the applicant has filled out this form on behalf of the applicant, please sign, date, and print your name and relationship to the applicant below.

Signature of person who prepared the Application and
Financial Statement for the Applicant

Date [mm/dd/yyyy]

Print name

Relationship to applicant



Applicant's Financial Statement for Grants over \$1,000 per Year

Applicant Name _____ Date of Application _____
[mm/dd/yyyy]

In connection with my application for a grant, I submit the following statement, to be used by the Aging Assistance Granting Group in determining my eligibility for a grant. I understand that this information will be kept confidential.

Please provide **monthly** income/expense for each of the following.

INCOME	Dollar Amount
Employment and/or pension	\$ _____
Social Security	\$ _____
SSI	\$ _____
Annuities or IRA	\$ _____
Dividend Income	\$ _____
Interest Income	\$ _____
Total Basic Monthly Income:	

ASSISTANCE FROM OTHERS	
Cash assistance from family	\$ _____
Cash grants from other sources	\$ _____
Total Grants from others plus Family Assistance:	

RESIDENTS OF RETIREMENT FACILITIES	
If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:	
The dollar amount of the monthly fee published in the facility's Schedule of Fees for units of the type you live in:	\$ _____
The amount of any discount or financial aid the retirement facility provides to you each month	\$ _____

PYM Aging Assistance Granting Group Financial Form B
Applicant's Financial Statement for Grants over \$1,000 per Year

Please submit the following documentation for your assets:

Checking account statements for the last three months
Copy of latest tax return

Signature of Applicant

Date [mm/dd/yyyy]

If someone other than the applicant has filled out this form on behalf of the applicant, please sign, date, and print your name and relationship to the applicant below.

Signature of person who prepared the Application and
Financial Statement for the Applicant

Date [mm/dd/yyyy]

Print name

Relationship to applicant