PHILADELPHIA YEARLY MEETING
GRANTING COMMITTEE HANDBOOK

APPENDIX C
GRANTING GROUP GUIDELINES

&

FORMS
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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 one-time 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


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.
   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
DATE OF APPLICATION: ____________________

NAME: ____________________ ____________________
First Last

DATE OF BIRTH: ____________________

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

<table>
<thead>
<tr>
<th>This Application Form</th>
<th>Requesting up to $1,000 in 12 months</th>
<th>Requesting over $1,000 in 12 months</th>
<th>Pocket Money Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both pages</td>
<td>Both pages</td>
<td>Page 1 only</td>
</tr>
<tr>
<td>Financial Form – choose form corresponding to amount requested</td>
<td>Form A</td>
<td>Form B</td>
<td>Form A</td>
</tr>
<tr>
<td>IRS Tax return – prior year</td>
<td>Check here if not required to file: □</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Bank statements – last 3 months</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Care Committee Clerk Signature* or contact Care &amp; Aging Coordinator</td>
<td>no</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and/or pension</td>
<td>$________________________</td>
</tr>
<tr>
<td>Social Security</td>
<td>$________________________</td>
</tr>
<tr>
<td>SSI</td>
<td>$________________________</td>
</tr>
<tr>
<td>Annuities or IRA</td>
<td>$________________________</td>
</tr>
<tr>
<td>Dividend Income</td>
<td>$________________________</td>
</tr>
<tr>
<td>Interest Income</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

**Total Basic Monthly Income:** $________________________

<table>
<thead>
<tr>
<th>ASSISTANCE FROM OTHERS</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash assistance from family</td>
<td>$________________________</td>
</tr>
<tr>
<td>Cash grants from other sources</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

**Total Grants from others plus Family Assistance:** $________________________

<table>
<thead>
<tr>
<th>RESIDENTS OF RETIREMENT FACILITIES</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:</td>
<td></td>
</tr>
<tr>
<td>The dollar amount of the monthly fee published in the facility’s Schedule of Fees for units of the type you live in:</td>
<td>$________________________</td>
</tr>
<tr>
<td>The amount of any discount or financial aid the retirement facility provides to you each month</td>
<td>$________________________</td>
</tr>
</tbody>
</table>
## 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 *Please explain:* | $________________________

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.

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Dollar Amount</th>
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</thead>
<tbody>
<tr>
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<td>$________________________</td>
</tr>
<tr>
<td>SSI</td>
<td>$________________________</td>
</tr>
<tr>
<td>Annuities or IRA</td>
<td>$________________________</td>
</tr>
<tr>
<td>Dividend Income</td>
<td>$________________________</td>
</tr>
<tr>
<td>Interest Income</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

**Total Basic Monthly Income:**

<table>
<thead>
<tr>
<th>ASSISTANCE FROM OTHERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash assistance from family</td>
<td>$________________________</td>
</tr>
<tr>
<td>Cash grants from other sources</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

**Total Grants from others plus Family Assistance:**

<table>
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<tr>
<th>RESIDENTS OF RETIREMENT FACILITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:</td>
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</tr>
<tr>
<td>The dollar amount of the monthly fee published in the facility’s Schedule of Fees for units of the type you live in:</td>
<td>$________________________</td>
</tr>
<tr>
<td>The amount of any discount or financial aid the retirement facility provides to you each month</td>
<td>$________________________</td>
</tr>
</tbody>
</table>
### EXPENSES

*Please list all of your monthly costs which you are responsible to pay yourself*

<table>
<thead>
<tr>
<th>Item</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage or rent or monthly fee</td>
<td>$____________</td>
</tr>
<tr>
<td>Medical (Insurance, Co-pays, Medicine)</td>
<td>$____________</td>
</tr>
<tr>
<td>Food</td>
<td>$____________</td>
</tr>
<tr>
<td>Clothing</td>
<td>$____________</td>
</tr>
<tr>
<td>Utilities (Gas, Electric, Phone, Cable TV, Water)</td>
<td>$____________</td>
</tr>
<tr>
<td>Vehicle or Public Transit</td>
<td>$____________</td>
</tr>
<tr>
<td>Debt payments (including credit card or loan repayment)</td>
<td>$____________</td>
</tr>
<tr>
<td>Other <em>Please explain:</em></td>
<td>$____________</td>
</tr>
</tbody>
</table>

**Total Monthly Expenses:** $____________

### ASSETS

<table>
<thead>
<tr>
<th>Item</th>
<th>Dollar Amount</th>
<th>Date of valuation: [mm/dd/yyyy]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Account</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Checking Account</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Money Market Account</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Mutual Funds</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Trust Funds</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Other Assets - <em>Please explain below:</em></td>
<td>$____________</td>
<td></td>
</tr>
</tbody>
</table>

**Total Assets:** $___________
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 ____________________________
In addition to the form below, for tuition assistance for Friends Children in PYM Friends Schools, forms are available from the Friends Education Fund Website at:

https://www.friendscouncil.org/resources/nfef
MARY JEANES & ANNE TOWNSEND GRANTS
POST-SECONDARY FINANCIAL AID FOR PYM MEMBERS AND CHILDREN OF MEMBERS
APPLICATION FORM

APPLICATION POSTMARK DEADLINE = MAY 1 (AWARD NOTIFICATION BY JULY 1)
FOR ACADEMIC YEAR BEGINNING IN THE FALL
ALL REQUIRED MATERIALS MUST BE INCLUDED; INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

IMPORTANT - CHECKLIST FOR REQUIRED APLICATION MATERIALS:

1) ____This completed Application Form
2) ____Transcript from your most recent school (“official” version not required)
3) ____Personal statement detailing your course of study and vocational plans (1 page)
4) ____Most recent Federal Income Tax Form(s) (1040) for Applicant and/or person(s) responsible for school expenses (Social Security numbers should be inked out. Do not send 1040 schedules/attachments unless necessary to illustrate extraordinary circumstances.)
5) ____Letter or email from your Meeting Clerk affirming membership (not required for last year’s recipients)
6) ____Letter or email of recommendation from a teacher/coach/advisor (not required for last year’s recipients)

APPLICATION INFORMATION  I hereby make application to the Post-Secondary Granting Group of Philadelphia Yearly Meeting for a grant for post-secondary study.

Name of Applicant: ______________________________________  Meeting: ____________________________

Date of birth: ____________  Date of Application: ____________  Academic Year for which grant is requested: ______

Name of school which you expect to attend in the Fall: ____________________________________________
(If not yet known, leave blank and contact us by May 1st with this information)

Number of previous years at this institution: ______________  Expected date of graduation: ____________________

Course of study (major or field):______________________________________________________________

APPLICANT STATUS – Please check (✔) all that apply:

☐ This is my first application for a Mary Jeanes or Anne Townsend Grant.

☐ I have received Mary Jeanes grants/loans: Year(s)/Amount(s); ______________________________________

☐ I have received Anne Townsend grants: Year(s)/Amount(s): ______________________________________

☐ I have not registered with the Selective Service System as a form of non-violent civil disobedience in support of the Quaker Peace Testimony. Accordingly, I am forfeiting my eligibility for guaranteed federally-subsidized loans and respectfully request that you take this into consideration in my application.

_________________________________       ______________
Applicant Signature          Date

Return completed application to: Post Secondary Grants, Philadelphia Yearly Meeting, 1515 Cherry Street, Philadelphia, PA 19102
Fax: (215) 241-7045  •  E-mail: cwalz@pym.org  •  Phone: 215-241-7201
Please provide contact information and check (√) the address to which a grant check could be sent in July/August:

Permanent Contact Information:
☐ Send grant check to permanent address

School Contact Information:
☐ Send grant check to this address

Dates to Use this Address: ____________________________

Street ____________________________
City, State, Zip ____________________________
Phone ____________________________
E-mail ____________________________

Funding Agreement

The applicant is asked to affirm the following:

In consideration of a grant to me by the Mary Jeanes or Anne Townsend Fund of Philadelphia Yearly Meeting (“PYM”), I affirm the following:

1. I acknowledge that grant checks will be made payable to me, personally, and I agree that all grant proceeds will be used by me exclusively for post-secondary educational expenses.

2. I agree to notify PYM in writing of any changes in my contact information.

3. In receiving this grant, I acknowledge that the Mary Jeanes and Anne Townsend Funds are resources of the religious community (PYM) of which I am a member, and that it is by virtue of my membership in this community that I am being considered for a grant.

4. For applicants who are prior recipients of Mary Jeanes Loans only — I acknowledge that I remain responsible for any Mary Jeanes loans I have received prior to 2013 and I commit to making regular loan repayments as previously agreed. I accept a moral responsibility, as well as a legal one, to make repayment a priority so that others may also enjoy the educational funding benefits I have had.

APPLICANT SIGNATURE

Sign below

Signature of Applicant          Date          Phone number          email

OR - PARENT/GUARDIAN SIGNATURE

Complete section below if Applicant is a financial dependent (for tax purposes):

I, the Parent/Guardian of the above-named student, promise to ensure that my son/daughter/ward will use any grant awards solely for educational purposes and will repay any pre-2013 Mary Jeanes Loans upon graduation.

Signature of Parent or Guardian          Date          Phone number          email
MARY JEANES & ANNE TOWNSEND FUNDS
FINANCIAL INFORMATION WORKSHEET

To be filled out by the Applicant and/or the Person(s) financially responsible for the Applicant.

Please check (✓) one:

☐ Applicant is a financial dependent of his or her parent(s) or guardian(s).
☐ Applicant is financially responsible for herself or himself.

The questions below should be answered on behalf of the HOUSEHOLD(S) of the Applicant.

1. Name of person(s) with responsibility for payment of tuition and other school bills:
_____________________________________________________________________________________________

2. Parent(s)/Guardian(s) in Household
Occupation(s)
Employer(s)
Daytime phone number(s) ______________________________ E-mail: ______________________________

(Respond to Question 3 only if separate Households are financially involved.)

3. Parent(s)/Guardian(s) in Household II
Occupation(s)
Employer(s)
Daytime phone number(s) ______________________________ E-mail: ______________________________

4. Dependents’ school expenses for current school year: [Academic Year: 20____ to 20____]

<table>
<thead>
<tr>
<th>NAME &amp; Relationship to Applicant (List applicant first)</th>
<th>Name of school</th>
<th>Grade or year in college</th>
<th>Annual cost of schooling (fees, room &amp; board)</th>
<th>Amount paid by parent or guardian</th>
<th>Amount received in grant aid</th>
<th>Amount received in loan aid</th>
<th>Amount received from other sources</th>
</tr>
</thead>
<tbody>
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5. Dependents’ school expenses for coming school year (estimated): [Academic Year: 20____ to 20____]

<table>
<thead>
<tr>
<th>NAME &amp; Relationship to Applicant (List applicant first)</th>
<th>Name of school</th>
<th>Grade or year in college</th>
<th>Annual cost of schooling (fees, room &amp; board)</th>
<th>Amount parent or guardian can pay</th>
<th>Amount that can be paid by loan</th>
<th>Can be paid by other sources</th>
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<tbody>
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</tbody>
</table>
6. Expenses Overview (calendar year)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Last Year</th>
<th>Current Year</th>
<th>Next Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other child care expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual rent or mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/dental expenses not covered by insurance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other extraordinary expenses (explain below)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Income Overview (calendar year)

<table>
<thead>
<tr>
<th>Income</th>
<th>Last Year</th>
<th>Current Year</th>
<th>Next Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary before taxes – Applicant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary before taxes – Parent/Guardian I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary before taxes – Parent/Guardian II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untaxed child support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income -- explain below</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Describe any income, money, or other assets held for or in Applicant’s name.

9. Describe financial support Applicant receives from relatives, if any.

10. Use this space to explain any exceptional circumstances not reflected in the information above, or other information that you feel the Post-Secondary Education Granting Group should know for this application.
FUNDS FOR SUFFERINGS GRANTING GROUP
The Fund for Sufferings of the Philadelphia Yearly Meeting was created to provide meaningful material support to PYM members who experience financial hardship because of their witness to our Quaker testimonies.

**The Fund for Sufferings provides:**
- Financial assistance for hardship occasioned by obedience to the leadings of God’s spirit or to conscience consistent with Quaker testimonies.
- An opportunity for anyone to stand in unity with those taking risks for their beliefs by contributing to the fund.

**Guidelines on How to Make a Request:**
Requests for assistance from the Fund can come from the PYM individual concerned, from a monthly meeting on behalf of the individual, or from someone or some group close to the person involved. Before determining whether to make a grant, the granting group will need the following:
- Written request to help trustees get acquainted with the applicant.
- Description of the nature of the Witness resulting in hardship.
- Amount of financial assistance being requested from the Fund for Sufferings.
- How the applicant’s Meeting or other sources of support have responded.

**You are invited to contact any one of the Fund for Suffering’s current members:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee Garner, Clerk</td>
<td>4516 Chester Ave Philadelphia, PA 19143</td>
<td>(215) 813-6449 (text/voice) (215) 387-7157 (voicemail) <a href="mailto:Lee2garner@aol.com">Lee2garner@aol.com</a></td>
<td>Central Philadelphia</td>
</tr>
<tr>
<td>Paul Sheldon</td>
<td>443 West Baltimore Ave Media, PA 19063</td>
<td>(610) 449-5393 <a href="mailto:paul.sheldon@villanova.edu">paul.sheldon@villanova.edu</a></td>
<td>Lansdowne</td>
</tr>
<tr>
<td>Justin Loughry</td>
<td>106 Prospect Rd. Haddonfield, NJ 08033</td>
<td>(856) 795-7294 <a href="mailto:JTLoughry@loughryandlindsay.com">JTLoughry@loughryandlindsay.com</a></td>
<td>Haddonfield</td>
</tr>
<tr>
<td>Patty Rettig</td>
<td>1425 Edgevale Rd. Wynnewood, PA 19096</td>
<td>(267) 222-0798 <a href="mailto:rettigp16@gmail.com">rettigp16@gmail.com</a></td>
<td>Old Haverford</td>
</tr>
<tr>
<td>Lisa Rooney</td>
<td>315 Valley Rd Merion, PA 19066</td>
<td>(610) 812-6163 <a href="mailto:lisakr@icloud.com">lisakr@icloud.com</a></td>
<td>Haverford</td>
</tr>
</tbody>
</table>

**How to Contribute to the Fund:**
Please make checks payable to Philadelphia Yearly Meeting and designate “The Fund for Sufferings”
Mail to: PYM Fund for Sufferings, 1515 Cherry Street, Philadelphia, PA 19102. Thank you.

Updated January 2020
PURPOSE
The Greenleaf Fund provides grants and loans to elderly Quakers, and those in sympathy with Quakers, who are of modest means and in need of assistance to meet their housing needs or ongoing medical, maintenance and living costs.

ELIGIBILITY & PRIORITIES
Applicants must be 62 years of age or older. Grants are made to individuals only; Greenleaf does not grant to organizations. Applications are considered according to the following priorities:

1. Residents of The Greenleaf’s boarding home as of April 10, 2008;
2. Quakers who are members* of Monthly Meetings in Haddonfield Quarterly Meeting;
3. Quakers who are members* of another Monthly Meeting of Philadelphia Yearly Meeting;
4. Those who are in sympathy with Friends** and live in the geographic area defined by Haddonfield Quarterly Meeting;
5. Those who are in sympathy with Friends **and live in the geographic area defined by Philadelphia Yearly Meeting.

* For the purposes of this Fund, the term ‘member’ means someone who is either a member of a Monthly Meeting of the Yearly Meeting, or someone who has been an active attender for not less than five years prior to making application to the Fund for support.

** For the purposes of this Fund, ‘those in sympathy with Friends’ means non-Quakers who:
A. are parents, spouses, or domestic partners (including surviving spouses and domestic partners) of members of Philadelphia Yearly Meeting;
B. OR have worked or volunteered for a minimum of 5 years in Quaker organizations within the geographic area defined by Philadelphia Yearly Meeting;

Applications for grants and loans from persons in category A will be considered before applications from persons in category B.

APPLICATION TIMELINE AND EXPECTATIONS

1. Complete the Greenleaf Application Form and Financial Form, and send them by May 1 or October 31 to:
   Clerk of the Greenleaf Fund Granting Group
   c/o Nicholas Gutowski, PYM Director of Grant Making
   1515 Cherry Street, Philadelphia, PA 19102

2. Receipt of your completed forms is acknowledged promptly in writing or by email. All personal and financial information supplied by you is treated as confidential.
3. A representative of the Granting Group may contact you or the Care Committee of your Monthly Meeting, if necessary.
4. Decisions regarding the awarding of grants and loans are made by the Greenleaf Granting Group, which is composed of Friends from various Monthly Meetings. The Granting Group’s decisions are announced in June and December. Normally checks are mailed by mid-July and mid-January.
5. Awards are made as grants or no-interest loans. Loans are awarded in cases where 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.

Assistance with emergency needs may be available at other times of the year. PYM members with immediate needs should contact Care and Aging Coordinator George Schaefer at (215) 241-7068 or gschaefer@pym.org.
GREENLEAF FUND of Philadelphia Yearly Meeting
Application Form

DATE OF APPLICATION: ____________________

NAME: ____________________________________ DATE OF BIRTH: ____________

ADDRESS:
Street
Apartment or Unit #
City State Zip

PHONE: ___________________________ E-MAIL: ___________________________

RESIDENTIAL STATUS:  □ Live in a CCRC or other retirement facility
□ Live with spouse or others
□ Live alone

(IF YOU ARE A PHILADELPHIA YEARLY MEETING MEMBER OR ATTENDER, please fill in:

MONTHLY MEETING: ____________________________________________

QUARTERLY MEETING: _________________________________________

MEETING CONTACT (optional): Name ____________________________________
Meeting role: Clerk of Meeting or Care Committee, other

CONTACT PHONE: ______________________  E-MAIL: _______________________

(IF YOU ARE NOT A PYM MEMBER or ATTENDER, please provide the following information:

1. How did you hear about us? __________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. What is your connection to Quakers? __________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
GRANT REQUEST SUMMARY

TOTAL AMOUNT REQUESTED: _________________ One-Time and/or ________________ Monthly

Please specify how the grant would be used (for example, to help with roof repairs) ________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

IF REQUESTING A RECURRING 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: __________________________

PYM MEMBERS REQUESTING MORE THAN $1,000 in a 12-month period

Please ask the Clerk of your Meeting’s Care Committee (by whatever name) to affirm the following:

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

_____________________________________________________________________________________________

Signature ____________________________________________ Title __________________________

Name (please print legibly) __________________________ Date __________________________

GREENLEAF FUND APPLICATION FORM
In connection with my application for a grant, I submit the following statement, to be used by The Greenleaf Fund 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.

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and/or pension</td>
<td>$______________</td>
</tr>
<tr>
<td>Social Security</td>
<td>$______________</td>
</tr>
<tr>
<td>SSI</td>
<td>$______________</td>
</tr>
<tr>
<td>Annuities or IRA</td>
<td>$______________</td>
</tr>
<tr>
<td>Dividend Income</td>
<td>$______________</td>
</tr>
<tr>
<td>Interest Income</td>
<td>$______________</td>
</tr>
<tr>
<td><strong>Total Basic Income per month:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSISTANCE FROM OTHERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance from family per month</td>
<td>$______________</td>
</tr>
<tr>
<td>Cash grants from other sources per month</td>
<td>$______________</td>
</tr>
<tr>
<td><strong>Total Grants and Assistance from Family:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTS OF RETIREMENT FACILITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you live in a retirement facility (e.g., a CCRC or assisted living home) please list:</td>
<td></td>
</tr>
<tr>
<td>The monthly fee published in the facility’s Schedule of Fees for units of the type you live in</td>
<td>$______________</td>
</tr>
<tr>
<td>The amount of any discount or financial aid the retirement facility provides to you each month</td>
<td>$______________</td>
</tr>
</tbody>
</table>
### EXPENSES

List only the dollar amounts that you pay out of your pocket.

<table>
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<tr>
<th>Item</th>
<th>Dollar Amount</th>
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<td>$____________</td>
</tr>
<tr>
<td>Medical (Insurance, Co-pays, Medicine)</td>
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<tr>
<td>Food</td>
<td>$____________</td>
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<tr>
<td>Clothing</td>
<td>$____________</td>
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<tr>
<td>Utilities (Gas, Electric, Phone, Cable TV, Water)</td>
<td>$____________</td>
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<tr>
<td>Vehicle or Public Transit</td>
<td>$____________</td>
</tr>
<tr>
<td>Other <em>Please explain</em>:</td>
<td>$____________</td>
</tr>
</tbody>
</table>

**Total Monthly Expenses:** $____________

### Assets

<table>
<thead>
<tr>
<th>Asset</th>
<th>Dollar Amount</th>
<th>Date of valuation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Account</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Checking Account</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Money Market Account</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Mutual Funds</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Trust Funds</td>
<td>$____________</td>
<td></td>
</tr>
<tr>
<td>Other Assets - <em>Please explain</em>:</td>
<td>$____________</td>
<td></td>
</tr>
</tbody>
</table>

**Total Assets:** $____________

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

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

________________________
Print name

________________________
Relationship to applicant

Additional Comments:
In connection with my application for a grant, I submit the following statement, to be used by The Greenleaf Fund Granting Group in determining my eligibility for a grant. I understand that this information will be kept confidential.

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<td>$_____________</td>
</tr>
<tr>
<td>Other Please explain:</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

**Total Monthly Expenses:** $_____________

---

**Signature of Applicant**  
Date

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

Print name

Relationship to applicant
Indian Committee
Grant Application Guidelines

PURPOSE

The PYM Indian Committee supports and funds Native American initiatives, communities and the preservation of cultural heritage. Read more at www.pym.org/grants.

TYPES OF GRANTS

Grants are made to Native Americans, varying widely in nature from year to year in geographical representation and content. Very rarely supports scholarship requests or organizations outside the United States.

ELIGIBILITY

Native American organizations or individuals can apply for project to benefit Native Americans.

APPLICATION REQUIREMENTS

All applicants should provide the following information in a clear, concise document or a set of documents.

1. Describe in detail your project and funding your group needs. How will the funding be used? We need a good description of the project to be supported in order to make a decision.

2. Give us a specific amount for the funding you are requesting.

3. Explain who will benefit from the proposed project or funding. If this is the first time you have contacted us, please introduce yourself and the community/organization to benefit from the support. You are welcome to attach additional materials such as an Annual Report or newsletters, etc., that might provide background.

4. State the time-frame for the project and use of funding. Have you set goals for completion or do you have deadlines to meet?

5. Please provide names and contact information for people who have put together the request and/or who will be in charge of its completion. In the event that we are able to provide funding, tell us how a check should be made out and where it should be mailed.

6. If you have you looked for other sources of funding, please describe them - sometimes we can offer suggestions for additional funding sources, so it is helpful for us to get an idea of what you have already done. We favor requests where there is clear evidence that an effort was made to find as many other funding sources as possible.

7. Reporting: If funded, we ask that you provide a brief written follow-up report to document how the PYM Indian Committee funding was used and how your project is progressing. For local organizations or individuals we would welcome you to make a brief presentation in-person at an Indian Committee meeting (we would try to make this as convenient to you as possible).

GRANT SIZE

Grant size is usually under $2,000. No request is too small, but many are too big! Please keep in mind that we have a limited budget and receive many requests for assistance each year; we cannot fund every request we receive.

Download application forms at http://www.pym.org/grants/
PRIORITIES

We favor projects that are initiated by Native Americans themselves and that are of a “one-time” nature—pilot projects and seed money to help Indian initiatives get off the ground. We also favor projects that will benefit a community, and we consider requests with national impact as well as a local focus. We are particularly interested in learning about Native American initiatives and new programs in Pennsylvania, New Jersey, and Delaware.

We examine each funding decision as it comes before us and cannot fund yearly projects every year.

APPLICATION PROCEDURES & EXPECTATIONS

1. Application: Applications must be made in writing and should follow the instructions under Application Requirements, above.

2. No Deadlines for Application: We usually meet the 2nd Saturday of each month except in the months of July and August. Please make sure your grant application reaches the Clerk at least two weeks in advance of our meeting date.

3. Submit completed application: The Indian Committee does not have an application form; you should write an application, following the instructions above, and E-mail the full application and all required documents to IndianCommittee@PYM.org or mail it to the address at the end of these guidelines.

4. Reporting: Those whose grants are approved are asked to follow up with a brief report. If you can meet us in person, that would be wonderful but is not required.

5. Unspent grant funds, or funds not used for the specified granted purpose, must be returned alongside the grant report.

APPLICATION TIMELINE

1. After you apply, the Committee will make an initial review of your request, and you may be asked to submit additional material, or to clarify aspects of your application if they are unclear.

2. Decisions are made by the end of each month September through June. After we have the opportunity to fully review the request and come to a decision by consensus of the Committee, the Clerk will contact you by email, letter, or telephone call.

3. If a decision to assist the project is made, then a grant check will be mailed to you at the address you have indicated. Grant checks will normally be mailed within the first two weeks of the month following (for example, for the March meeting, grants will be mailed in April), but in some cases it can take longer. If your need is particularly timely, please let us know in advance.

FUNDS

Concerned Friends have bequeathed money to the Indian Committee during its 200 years of work and this is held in trust by Yearly Meeting for our use. Our yearly budget is the interest from the investment of these contributions. Funds include those established by the wills and bequests of Mary W. Trimble, Edward Woolman, Huldah H. Bonwill, Marshall & Johnson, Parrish, and Marjorie Trent.

CONTACT

Tricia Shore, Clerk
Phone: (215) 205-7085
E-mail: IndianCommittee@PYM.org

Mail: PYM Indian Cmmittee, c/o
      PYM Grants Staff
      Philadelphia Yearly Meeting
      1515 Cherry Street, Philadelphia, PA, 19102
MEMBERSHIP DEVELOPMENT
GRANTING GROUP
Membership Development Support grants are made directly from a portion of the unrestricted bequests left each year to Philadelphia Yearly Meeting, and not from income on investments. These gifts are used to increase and strengthen membership, so that the Society of Friends will remain vital well beyond the donor’s lifetimes and our own.

PURPOSE
If the Society of Friends is to remain vital, outreach is a need for every Meeting, large and small. This fund supports work to attract new people to our Meetings and to our beliefs. It is our hope that each Meeting will discuss outreach as an opportunity to be seized and to grow on, and will develop its own ideas to attract new people to attend Meeting. As the name suggests, the fund also supports projects to strengthen current members and attenders in their development as Friends, and to strengthen Meeting communities so they are attractive and welcoming to new people. Friends are encouraged to envision the growth they seek, and to innovate to achieve it!

WHO CAN APPLY?
The Membership Development Support Fund is available to all Monthly and Quarterly Meetings of Philadelphia Yearly Meeting for projects that promote membership development. Meetings that apply must commit some of their own funds to the projects they propose.

GRANT SIZE
Grants range from $50 to $5,000 for a one-year period. Multi-year grants will be considered only in rare cases, and only when a major goal is reachable through clearly identified stages.

THE FUND CAN SUPPORT PROJECTS TO:
1. Enhance the visibility and outreach of Monthly Meetings in their communities
2. Attract new people to attend Meeting for Worship
3. Increase engagement of members and attenders in the Meeting community
4. Strengthen and increase membership in Monthly Meetings

GRANTS WILL NOT BE MADE for projects that have already been completed. Please plan to apply at least two months before your project is due to begin.

APPLICATION
There are two different application forms, with two different deadlines; one is for requests of $1,000 and under, the other for requests over $1,000.

Requests for up to $1,000: Meetings must complete the ‘Short Form’ on the following pages.

Requests for over $1,000: Meetings must complete the Quaker Grantmakers Common Form, using the instructions on the following pages. The Quaker Grantmakers Common Form can be downloaded from the PYM website.

Meetings requesting more than $1,000 do not need to complete the Short Form; Meetings requesting $1,000 or less do not need to complete the Common Form.

DEADLINES:
COMMON FORM applications are due by 5:00 PM on the first day of September, December February & May.

SHORT FORM applications may be submitted by the first day of any month, September through June.

REPORTING:
A report on the granted project is due within 1 year of the application date or within 2 months of the end of the project, whichever is earlier. Reporting requirements vary between Short Form and Long Form applications, and are detailed at the end of each respective application.
Membership Development Application

Short Form – for grant requests up to $1,000

1. NAME OF MEETING: ________________________________________________  2. DATE OF APPLICATION: ____________

3. MEMBERSHIP:

<table>
<thead>
<tr>
<th>Total adult members</th>
<th>Active adult members</th>
<th>Adult attenders</th>
<th>Active youth under 18</th>
</tr>
</thead>
</table>

4. CONTACT NAME: _______________________________________________________________________________________

5. CONTACT MAILING ADDRESS: _____________________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

6. CONTACT PHONE (DAY): ___________________ (EVENING): ___________________ (CELL): ___________________

7. CONTACT E-MAIL: ________________________________________________________________________________

8. SEND CHECKS FOR THE MEETING TO: ________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role (Treasurer, Clerk etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

9. PROPOSAL TITLE:_____________________________________________  10. AMOUNT REQUESTED: ______________

11. Date funds are needed:_________________  12. Project start date:______________  13. end date:______________

Reminder: Applications must be received at least two months before the beginning of a project. A grant report is due two months from the end of a project or one year from the date of application, whichever is earlier.

14. PLEASE DESCRIBE YOUR PROJECT, AND THE PROCESS BY WHICH YOUR MEETING DECIDED TO MAKE THIS PROPOSAL:

15. WHAT DO YOU EXPECT TO ACCOMPLISH WITH THIS PROJECT? LIST CONCRETE OBJECTIVES:
16. **How will the project contribute to membership development?** How will accomplishing your objectives increase and strengthen membership?

17. **Who will oversee and implement the project?**

18. **Are there other resources PYM can provide to make the project a success?**

---

**SHORT FORM REPORTING REQUIREMENTS**

19. **Date report is due:** _____________________ See below

*If you receive a grant, a report is due two months after your project’s end date or one year after the date of this application, whichever comes first. Unspent funds are to be returned at that time.*

*Your report may be published or excerpted in PYM’s website and newsletters. Photographs with photo credits are welcome. The report must include:*

   a) One paragraph explaining how the grant helped to increase or strengthen membership in your Meeting.

   b) A brief but complete accounting of your project’s expenses and incomes, with all funding sources listed.

---

20. **Attachments:** #1 & 2 are required; #3 is optional.

   □ Project budget with all funding sources (both actual and expected) indicated

   □ Meeting’s minute approving application on its behalf to the Membership Development Support Fund for this project.

   □ Any supplemental documentation that may help the grants group understand the goals and nature of the project.

21. **Deadlines:** Short form proposals must be received by 5:00 PM on the first day of the month, September through June. Please apply at least 2 months before your project will begin.

22. Signed by ____________________________ Clerk of the Meeting, Date ____________

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*Applications and reports may be faxed with cover sheet to 215-241-7045; e-mailed to grants@pym.org or mailed to: Clerk, Membership Development Support Fund c/o Director of Grant Making, Philadelphia Yearly Meeting 1515 Cherry Street, Philadelphia, PA 19102*
Instructions for use of the Quaker Grantmakers Common Form

Download Common Form at www.pym.org/grants/grants-resources/forms-and-guidelines/

1) COPIES: Only one copy is needed if submitting the application by mail.

2) APPLICATION FORM: You may skip item 12 on page 1 of the Common Form.

3) PROPOSAL: includes ½ page summary, and 2-page narrative. The narrative includes the funding request and evaluation section as outlined below.

4) FUNDING REQUEST: For your Narrative, please follow the outline below and NOT the instructions in the “Narrative” section 2A on page 2 of the Common Form.

   1. Describe the process by which your Meeting developed this project.
   2. How will the project contribute to membership development?
   3. What is your Meeting’s current membership, including total number of current adult members, active adult members, adult attenders, and active youth under 18?
   4. What individuals or groups do you intend to reach?
   5. What do you expect to accomplish with this project? What are the short-term and long-term goals? Please be as specific as possible. Your evaluation will refer to these goals.
   6. List events & activities planned, with timetable for implementation and completion.
   7. List key people responsible for the project and their roles and qualifications.
   8. How does the Meeting plan to contribute to this project?
   9. Explain interactions with other organizations, if relevant.

5) EVALUATION: Follow “Evaluation” section 2B on page 2 of the Common Form, making sure you base your evaluation of your project’s success as membership development on your goals described in item #5 above. Please choose evaluation measures that will help your Meeting to understand which efforts have worked, which have not, and why.

6) ATTACHMENTS: if mailed, only one copy each of the following is required:

   1. Project budget with all potential or actual funding sources indicated. Please list all funds applied to, amount requested, and status (pending, granted or refused) of your request.
   2. Financial Questionnaire for Meetings from the Common Form, lines 1 to 12 only.
   3. The Meeting’s operating budget for the current fiscal year and most recent annual financial report.
   4. List of Meeting’s Clerk and other officers with contact information.
   5. Meeting’s minute approving application on its behalf to the Membership Development Support Fund for this project.

7) DEADLINES: Common Form applications must be received by 5 PM on the first day of SEPTEMBER, DECEMBER, FEBRUARY or MAY.
**Applications and reports** may be faxed with cover sheet to 215-241-7045; e-mailed to grants@pym.org or mailed to Clerk, Membership Development Support Fund c/o Director of Grant Making, Philadelphia Yearly Meeting, 1515 Cherry Street, Philadelphia, PA 19102

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**Reporting Requirements for Common Form Applications**

If you receive a grant, you are expected to submit a report within one year of your application, or within two months of the close of your project. At that time, any unspent granted funds must be returned to the Membership Development Support Fund.

Your report must evaluate how the project succeeded as MEMBERSHIP DEVELOPMENT as described in the EVALUATION section of your proposal. **Your report may be published or excerpted in PYM’s website and newsletters.** It should include:

1. A brief accounting of the use of the grant, with reference to the evaluation criteria included in your Common Form application,
2. A project budget listing all project income and expenses
3. Results such as participation levels at programs, new attenders at worship, attenders who become members, effects on your Meeting as a community, and broader public visibility resulting from the project
4. Scans of printed media coverage generated, and electronic photographs *with sources and photo credits*.
5. An analysis of how your project increased and strengthened membership. What worked, what did not, and why? Both qualitative and quantitative measures are helpful, as are lessons learned for future in-reach or outreach efforts.

Your candid appraisal will provide helpful information for future outreach efforts of other Meetings
Quaker Buildings & Programs also uses the Common Form, listed at the end of this Appendix.
PURPOSE

The PYM Quaker Buildings and Programs Granting Group (QB&P) makes grants for construction, renovation, and capital improvement projects of Quaker organizations, and to support programs that strengthen Quaker retirement communities, programs for family planning, and specific Friends organizations, in accordance with the donor restrictions as outlined below.

TYPES OF GRANTS

Building Grants are available to Retirement Facilities, Schools and other Quaker organizations in the PYM region; and to Quaker Meetings within the USA.

Program Grants are available to Friends retirement facilities in the PYM area, to Friends Journal, to AFSC for social service projects in the USA; to organizations such as the Friends Council on Education or the Committee on Friends Education to support the education of PYM Young Friends in Friends Schools; and to organizations within the PYM area that offer programs offering or relating to planned parenthood, birth control, and family planning, including advocacy, education, or direct services.

Project scope varies by type of organization, as described under “Eligibility”. The trusts establishing these funds restrict their usage; requests for grants that fall outside of the trust restrictions cannot be considered.

ELIGIBILITY

The following types of organizations are eligible to apply:

1. Friends Meetings within the United States may apply for construction of new meeting houses or renovation of meeting houses in active use.

2. Friends Retirement Facilities within the PYM area may request program grants for initiatives that support and strengthen them as Quaker retirement communities, and building grants for construction, renovation, capital or equipment projects, and maintenance.

3. Quaker Organizations in the PYM region may apply for grants for building acquisition, construction and renovation (not maintenance).

4. Non-Profit Organizations in the PYM region may apply for grants for projects relating to family planning and birth control.

In addition to the above types of organizations, several organizations and purposes were specifically cited for eligibility by the donors of the funds from which we make grants, as follows: AFSC may apply for program grants in support of social service projects in the USA; Friends Publishing Corporation may apply for program grants; organizations that support the education of PYM Young Friends in Friends Schools, such as, but not only, the Friends Council on Education or the Committee on Friends Education, may apply for program grants in support of those purposes.

APPLICATION REQUIREMENTS

1. Applicants with overdue reports on prior QB&P grants are ineligible to make new grant requests.

2. Organizations may apply for up to two projects per year, either for two projects at one deadline or one project at each deadline.

3. To qualify as a Quaker organization, at least 50% of board members must be members of Quaker Meetings.

4. Applications should not be made for the full cost of a project, except in exceptional circumstances. It is expected that organizations will support projects to the extent that they are able, and will seek further broad support as appropriate.
5. For Meetings, applications are not considered for: routine maintenance, painting, repairs to stone walls not part of the meeting house, horse sheds, or auxiliary buildings not used for religious purposes.

**GRANT SIZE**

Grants generally range from $2,000 to $20,000 for most applicants. Maximum grant size is $80,000 for PYM Friends retirement facilities, $20,000 for all other organizations. Amount may vary depending on the project, the need, and the availability of funds.

**PRIORITIES**

1. Non-routine capital projects, renovations, or unexpected expenses for which organizations have been unable to budget.
2. Projects that are clearly defined in scope and impact
3. Projects having either a definite termination or a source of subsequent support.
4. Projects that further the organization’s mission and which could not happen without the grant.

**APPLICATION PROCEDURES AND EXPECTATIONS**

**APPLICATION:** All applicants must complete the Quaker Grantmaker Common Form (‘Common Form’) and the Financial Form appropriate to their organization. Download the forms online at www.pym.org/grants.

1. **Required Formats and Number of Copies:** One digital and one printed copy of all material are required, excepting audits and IRS Form 990s, for which only a digital copy is required (only organizations that are required to file IRS Form 990s must provide one here).

2. Applications will be considered to have met the deadline if either the digital copy or the printed copy is received by 5pm on the deadline date.

3. On the Common Form, Narrative, Section A, Question 3: Friends Retirement Homes should indicate which residents will benefit in terms of level of care - independent living/personal care/assisted living/nursing/hospice.

4. On the Common Form, Section 3: for building grants requests, in addition to the information requested in the Common Form, please also include by attachment both a 990 and an audit or financial report, not either/or, and
   a. A description of all real estate owned by your Meeting/organization. Meetings and organizations having more than one structure on their property should clearly state for which building the grant is requested.
   b. Contractors’ proposal(s) and/or bid(s) for the work to be done.
   c. A copy of your Meeting’s/Organization’s current Certificate of Insurance.
   d. A list of groups that use the property for which the grant is requested, other than your own organization

5. **Project Budget:** On the Common Form required attachments list, a ‘project budget’ should be understood to include planned income as well as expenses, and should clearly show where the funds to pay for the project originate or are planned to originate. A project budget that lists only costs is incomplete.

The checklist at the end of this document may be helpful in confirming that your application is complete.

**FUNDS**

**Charleston Fund:** Grants for the construction or renovation (not maintenance) of Meeting Houses within the United States but outside of PYM.

**Samuel T. Jeanes – meetinghouse purposes:** Grants for repair or construction (not maintenance) of PYM Meeting Houses in active use.

**#2 Anna T. Jeanes - Hospitals/Infirmaries:** Grants for benefit of Friends Homes for aged with infirmaries

**#3 Anna T. Jeanes - Stapely Farm:** Grants for support of Friends facilities for the elderly within PYM

**#4 Anna T. Jeanes/Joseph Jeanes (merger):** Grants to establish or maintain Friends facilities for the elderly within PYM

**#5 Anna T. Jeanes/Joseph Jeanes:** Grants to establish and assist Friends Homes for aged with infirmaries
Keeney Fund: Grants for non-recurring building expenses of Friends institutions
Mary Pusey Trust: Grants for existing Friends Homes for the elderly, Jeanes or Friends Hospital or other hospital under PYM (no hospitals currently exist), Friends Publishing Corporation (Friends Journal), Monthly Meetings for financial assistance in education of Young Friends (these grants are usually made to support PYM tuition aid program to Friends children in PYM Friends Schools), and AFSC social service in the USA.
Frank Scheibley Trust: Grants to establish, enlarge, or maintain Friends home for the aging.
Natalie Clifford Barney Trust: Grants for “carrying out...program[s] of planned parenthood (birth control).''

CONTACT

Lucas Richie, PYM Grants Associate
E-mail: lrichie@pym.org
Alternate E-mail: Grants@pym.org
Phone: 215-241-7201

Mail completed proposal to:
Quaker Buildings & Programs Granting Group
Philadelphia Yearly Meeting
1515 Cherry Street
Philadelphia, PA 19102

APPLICATION TIMELINE

1. Deadlines for application: February 1st and August 1st. If the 1st falls on a Saturday or Sunday, applications are due the Monday following. Applications received after the deadline will be held over until the following deadline for consideration.

2. Confirmation of application: After you apply, PYM staff will confirm that your application was received, and then review your application for completeness before passing it on to the Granting Group to consider for approval. You may be asked to submit additional material, to submit missing material, or to clarify aspects of your application if they are unclear.

3. The granting group may assign one or more of its members to conduct a site visit and/or to discuss your application with the person responsible for overseeing the project. This typically takes places between the application deadline and the 15th of the month following that deadline.

4. Decisions are made by the end of the March (spring applications) or September (autumn applications).

5. Grants are disbursed according to two different schedules depending on the applicant. In both cases, disbursement will be accompanied by a mailed grant letter describing the reporting requirements and the limits of the grant. Grant funds must be used for the purposes specified in the grant letter only. Granted funds not used within the reporting period for the specified purpose of the grant must be returned, unless an extension is requested by the grantee and approved by the Granting Group.

   a. Grants to Meetings are normally distributed when the granted project is at least half complete and we have received documentation showing this in the form of paid invoices and matching canceled checks in sum of half the granted amount. If a grant is approved, you will have two years in which to request that the granted funds be distributed.

   b. Grants to all other organizations are normally distributed when the granted project is approved. You must report on the grant within one year of approval.

6. Grant Reports are due within either one or two years from the date of application, as noted above. Reports may be published or excerpted on the PYM website. Electronic photographs of the project – before, during, and after – are much appreciated, and, if submitted, may be published on the PYM website. In your report, you will be asked to:

   a. Evaluate the project using your criteria as stated in your application Narrative, Part B
   b. Account for your use of the funds.
   c. Describe the project’s benefits to your facility and those you serve.
   d. Explain what was accomplished that would not have happened without the grant.
   e. Share what you’ve learned in this project that could benefit others.
APPLICATION CHECKLIST - FOR APPLICANT USE

Common Form
- Application Form
- Proposal: Summary Description
- Proposal: Narrative
- Finances: Project budget
- Finances: Operating budget (current year)
- Finances: Proposals/Bids *(if applicable)* - if a proposal/bid has been accepted, note which
- Finances: Financial Questionnaire [from Common Form]
- Finances: Most recent Audit or Annual Financial Report [Digital only] *(Meetings: If unaudited, please explain)*
- Finances: IRS Form 990: most recently filed [Digital only] *(for organizations required to file 990s only)*
- Attachments: Board List: List of board members/trustees/clerks
- Attachments: Minutes of support or letter(s) of supports *(optional)*
- Attachments: Minutes approving application *(Meetings only)*
- Attachments: IRS Federal tax-exemption letter *(excepting PYM Meetings and other affiliated organizations under PYM's group exemption policy, for which we already have this information on file)*
- Attachments: *Additional material requested by the committee, or that you wish to present to the committee*
  - If you are making an application in support of a project recently completed, we encourage (but do not require) applicants to report on the outcome of that project, per the reporting requirements for grant recipients, as part of the application – see Application Timeline on page 3, Items 5 and 6.

Additional Material Requested By The Quaker Buildings & Programs Granting Group
- Description of real estate owned by your organization *(for building/maintenance/renovation grants)*
- List of groups that use property *(for building/maintenance/renovation grants)*
- Contractors' proposal(s) and/or bid(s) for the work to be done *(for building/maintenance/renovation grants)*
- A copy of your Meeting's/Organization's current Certificate or Insurance *(for building/maintenance/renovation grants)*
- Attachments: Organization EIN
PURPOSE

The Travel and Witness Granting Group (TWGG) provides grants to support active service and witness by individuals following leadings of the Spirit, in accord with the donors’ restrictions on its four funds. Reports from our grantees are inspiring and their service and witness strengthen the Religious Society of Friends. See reports at www.pym.org/grants.

TYPES OF GRANTS

1. Grants for Travelers (travel grants) are available to members of the Philadelphia Yearly Meeting traveling within the U.S. or abroad; to United States Quakers traveling abroad on Friends concerns; and to international travelers coming to the United States on Friends Concerns; and, in some cases, to organizations arranging or providing such travel. These grants support documented travel costs to help --
   a. People to engage in activities that promote international understanding, justice and peace, by traveling outside their own country to any part of the world where Quakers and others address conditions of injustice, conflict, the environment, poverty, or to engage in fellowship among Friends, or intervisitation between Yearly Meetings.
   b. PYM members traveling in Quaker service
   c. PYM members traveling to PYM Annual Sessions, Continuing Sessions, and Quarterly Meetings
   d. PYM members traveling under a religious concern recognized by their Meeting
   e. PYM Meetings and organizations, to support transportation costs to PYM Annual Sessions, Continuing Sessions

2. Grants for PYM Young Adult Friend’s projects, or for projects of direct benefit to PYM Young Adult Friends (project grants) are available to PYM young adult Friends (YAFs), between the ages of 18 and 40, in ministry, service, witness and Quaker study. These grants are made to individuals with a well-thought-out program to develop a particular ministry or calling that has the potential to provide leadership within the Society of Friends. Projects can take the form of putting Quaker values into practice and in action or to apply Quaker perspective to a pressing social concern in the form of service projects.
   a. Grants to organizations are made for programs, events or activities which support and build the community of PYM young adult Friends, ages 18 to 40. This may include scholarships for Quaker events or gatherings, sponsorship of specific programs as part of a larger event, or grants to fund a percentage of a program or gathering.

ELIGIBILITY

1. United States Quakers and others who travel abroad on Friends concerns may apply for travel grants.
2. International visitors who come to the U.S. on Friends concerns may apply for travel grants, as may students, whether Quaker or not, attending Friends Schools and travelling internationally on Friends concerns.
3. Young Adult Members and attenders of Philadelphia Yearly Meeting’s constituent meetings, who are 18 to 40 years of age, may apply for YAF grants for their own projects. If a project involves work with a Friends organization, application should be made from the organization under (4) below.
4. Friends organizations active within the PYM area may apply for projects that serve the members and attenders of PYM’s constituent meetings who are 18-40 years of age.
5. Members and attenders of Philadelphia Yearly Meeting may apply for travel grants for the following purposes.
   a. Travel expenses incurred attending Philadelphia Yearly Meeting (YM) sessions, including continuing sessions, and for Quarterly Meeting (QM) sessions.
   b. Travel expenses incurred by travel under appointment by and on behalf of Philadelphia Yearly Meeting.
   c. Travel expenses incurred by travel under religious concern.

6. PYM Councils may apply on behalf of groups within the PYM administrative structure for assistance with travel of members of a committee on the behalf of the committee, but only in exceptional cases where the Council itself has been unable to budget for the committee’s expenses; or on behalf of those groups when they are arranging or providing travel as enumerated in (5) above.

APPLICATION REQUIREMENTS

1. Applicants must report on prior TWGG grants before making new applications.
2. Applicants must wait at least one year from applying before making a new application.
   a. Except when applying for travel to Annual Sessions, Continuing Sessions, and/or Quarterly Meeting
3. Applications may not be made for:
   a. Multi-year commitments. However, you may re-apply and may receive funding in more than one year.
   b. Tuition aid for primary, secondary, or college education
   c. Salaries or paid internships
   d. Travel that occurs entirely outside the United States
4. For travel entirely within the United States, applications are not considered for:
   a. Incidental costs of travel, such as overnight accommodations, event fees, and meals.
   b. Travel costs by or on behalf of PYM committees (or other structures) that are normally covered by that committee’s yearly budget. In extraordinary cases, their Council -- if unable to fund the travel -- may request a special grant on the committee or structure’s behalf.
5. Applications for Travel Grants under Eligibility 5(c) and not covered under 5a or 5b must supply a travelling minute or minute for religious service from their Monthly Meeting, and to list their Meeting clerk or a member of their clearness committee as a reference.

GRANT SIZE

1. Travel Grants have ranged from $200 to $3,000 for grants to individuals, but larger applications will be considered if needed. Grant size is limited by the availability of funds. Grants to non-PYM members range in size but are usually around $400.
2. YAF grants range in size but are usually not more than $1,000 for individual applicants.

PRIORITIES

The Travel and Witness Granting Group is composed of Friends of all ages from various PYM Monthly Meetings. The granting group’s discernment is guided by these priorities. Preference is given to:

   a. First time applicants.
   b. Projects where there is a significant contribution from other sources or the individual in the form of financial support or services in kind (such as volunteer hours, use of meeting facilities, etc.)
   c. Applicants with demonstrated need.

Applicants for travel under appointment by PYM, while eligible under 4(b) above, are encouraged to contact PYM for non-grant travel support or reimbursement before considering an application to Travel & Witness.
APPLICATION PROCEDURES & EXPECTATIONS

1. **Application:** Applications for travel grants must be made by the application deadline and within four months of the completion of travel; applications for project grants must be made by the application deadline and at least one month before the project begins.

2. **Deadlines for Application:** March 1st, June 1st, September 1st, December 1st. If the 1st falls on a Saturday or Sunday, applications are due the Monday following. Applications received after the deadline will be held over until the following deadline for consideration. In rare cases of extreme urgency, applications may be considered in the interim if possible at an additional called meeting. Such decisions require at least 4 weeks.

3. Individuals who apply are expected to involve their Quaker Meetings and communities in preparations and in sharing their experiences when they return. Individual applicants are encouraged to seek the support of their meeting or organization, as well as assistance from family and friends.

4. **Submit completed application:** All applicants must complete the Travel & Witness Granting Group Application Form. Download the form online at www.pym.org/grants. E-mail full application and all required documents to Grants@PYM.org or mail it to the address at the end of these guidelines.

5. **REPORTING:** TWGG Grantees are expected to submit a report to the granting group on the outcome of their travel, event, or project. Until a report is received, requests for new grants will not be considered. Download a report from online at www.pym.org/grants.

6. Unspent grant funds, or funds not used for the specified granted purpose, must be returned alongside the grant report.

7. **Download the TWGG Report Form,** from PYM’s Forms & Guidelines webpage at https://www.pym.org/grants/forms-and-guidelines/. **Submit completed report:** Scan and e-mail full report and all required documents to Grants@PYM.org or mail it to the address at the end of these guidelines.

APPLICATION TIMELINE

1. Confirmation of application: After you apply, PYM staff will confirm that your application was received, and then review your application for completeness before passing it on to the Granting Group to consider for approval. You may be asked to submit additional material, to submit missing material, or to clarify aspects of your application if they are unclear.

2. Decisions are made by the end of each month in which there is a deadline for applications.

3. If approved, grant checks will normally be mailed within the first two weeks of the month following (for the March deadline, grants will be mailed in April; for June, they will be mailed in July, and so on.)

4. Grant reports are due within one month of the end of the granted project/travel; grantees are expected to return grant money not used for the specified purpose at the time they report.

FUNDS

TWGG grants are made from the following donor-restricted funds, only for the purposes listed:

**Friends Institute** – to support and encourage young adult Friends, between the ages of 18 and 40, in ministry, service, witness and Quaker study.

**International Outreach Pooled Fund** – to assist people to engage in activities that promote international understanding, justice and peace, by travelling to any part of the world where Quakers and others address conditions of injustice, conflict, the environment, or poverty or engage in fellowship among Friends. [This is a Friends Fiduciary Fund]. (it can support incidental costs of travel, including meals and lodging.)

**International Outreach Fund** -- PYM Fund for same purpose as above.

**John Pemberton Fund** – supports transportation expenses for Members of PYM traveling in Quaker service (but not incidental costs of travel).
## CONTACT

<table>
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<tr>
<th>Phone:</th>
<th>(215) 241-7201</th>
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<tbody>
<tr>
<td>E-mail:</td>
<td><a href="mailto:Grants@pym.org">Grants@pym.org</a></td>
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</table>

Mail: TWGG, c/o

Lucas Richie, PYM Grants Associate
Philadelphia Yearly Meeting
1515 Cherry Street, Philadelphia, PA, 19102
**Travel & Witness Granting Group**

**Grant Application Form**

**NAME:** _______________________________ **DATE OF BIRTH:** _______ **DATE OF APPLICATION:** _______

**ADDRESS:**

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**PHONE:** _______________________________ **E-MAIL:** _______________________________

### Application Details

**PROJECT TITLE / GRANT PURPOSE:** ________________________________________________________________

**GRANT AMOUNT REQUESTED:** _______________________________

☐ **PROJECT Location(s)** or ☐ **TRAVEL Destination(s):** ____________________________________________

Start Date __________ End Date __________ Date grant is needed: __________ Your final report date* __________

*Reports are due 1 month after end date, and 1 year from date of grant check at latest.

**Mode(s) of Travel if relevant:** ________________________________________________________________

Is this the most cost-effective means of travel? ____________________________________________________

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**IF YOU ARE A MEETING MEMBER please fill in:**

**MONTHLY MEETING:** _______________________________ **NAME of CLERK:** _______________________________

**CLERK’S PHONE:** _______________________________ **E-MAIL:** _______________________________

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**YEARLY MEETING:** _______________________________

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**IF APPLICATION IS ON BEHALF OF AN ORGANIZATION OR PYM COMMITTEE please fill in:**

**ORGANIZATION NAME**

**ORGANIZATION ADDRESS:**

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**PHONE:** _______________________________ **E-MAIL:** _______________________________
IF GRANT CHECK SHOULD BE MAILED TO ADDRESS OTHER THAN ABOVE please fill in and explain:

ADDRESS:

- Street
- Apartment or Unit #
- City
- State
- Zip

PLEASE EXPLAIN HERE:

IF APPLICANT IS UNDER 18 YEARS OF AGE please fill in:

NAME OF PARENT/GUARDIAN: ____________________________

ADDRESS:

- Street
- Apartment or Unit #
- City
- State
- Zip

PHONE: ____________________________ E-MAIL: ______________

REFERENCES IF REQUIRED [see checklist on last page] please provide the following information:

1) NAME: ____________________________ PHONE: ____________________________
   RELATIONSHIP: ____________________________
   LOCATION:
   - City
   - State or Province
   - Country
   E-MAIL: ____________________________

2) NAME: ____________________________ PHONE: ____________________________
   RELATIONSHIP: ____________________________
   LOCATION:
   - City
   - State or Province
   - Country
   E-MAIL: ____________________________
TYPE OF GRANT Requested

Please check all boxes that apply to you.

Members of PYM Meetings only:

☐ Transportation costs of travel under a religious concern
☐ Transportation costs on behalf of and at request of PYM
☐ Transportation costs to PYM or Quarterly Meeting Sessions

PYM members and other Individuals:

☐ International travel and witness
☐ YAF Individual ministry, service, witness or Quaker study

Organizations:

☐ Young Adult Friends project or event
☐ Transportation costs to PYM or Quarterly Meeting Sessions

Purpose for which the grant is sought: Include name(s) of Friends organization, committee, meeting, etc., under which travel or project is undertaken, or which your travel or project will involve. What impact do you expect the travel or project will have for you or for the beneficiaries of your project? If your proposal relates to, or meets the needs/interests of PYM young adult Friends, be sure to explain how.

Attach additional pages as needed
**Travel/Project Budget:** Please list all expenses of project / travel and sources of funding. Show amounts contributed or pending from other sources. Figure automobile travel at the yearly IRS mileage reimbursement rate plus parking and tolls. Please attach a separate copy of your budget if you need additional or different expense & income lines.

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<th>EXPENSES</th>
<th>Description (e.g. Airfare round trip)</th>
<th>Amount expected</th>
<th>Amount already spent</th>
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<td>Project Costs</td>
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<td><strong>TOTAL Expenses</strong></td>
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<tr>
<th>INCOME</th>
<th>Description (e.g. Fund-raising event at my Meeting)</th>
<th>Amount expected</th>
<th>Amount received so far</th>
<th>Amount (TOTAL)</th>
<th>Notes (optional)</th>
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<tr>
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**Required References and Documents**

Some grant applications require additional endorsements or support, explained below. See checklist on the following page for requirements.

**Clearness committee:** This is a requirement to test your leading to travel and witness with a group of experienced Friends or members of your Meeting or faith community. Please supply names and contact information for the group that has helped you in this way to discern your calling to this activity.

**References:** These are people who know you well and who are familiar with your travel plans. Please include members of Philadelphia Yearly Meeting or other Quakers if any are involved.

**Minute of support:** Friends traveling under a religious concern request a minute of travel for religious service or minute of introduction from their Monthly Meeting. For Young Adult Friends, your minute of support can be from your Monthly or Quarterly Meeting, your clearness committee or an endorsement from a person familiar with your proposed travel or witness.

**Minute of appointment:** If traveling at the request of Philadelphia Yearly Meeting, please attach the Yearly Meeting minute and/or other documentation approving your appointment to engage in this travel.

**Spiritual journey essay:** A brief (one-page maximum) statement of your experience of the spirit in your life; how were you led to this point? What actions have you taken so far and what insights have been given you? How did your intention to undertake the proposed witness or travel become clear?
**CHECKLIST**

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<thead>
<tr>
<th></th>
<th>Grants to Individuals</th>
<th>Grants to Organizations</th>
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<tr>
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<td>Travel to YM or QM Sessions</td>
<td>Travel at request of PYM</td>
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<tr>
<td>Application form</td>
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<td>Minute of appointment</td>
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<td>Budget</td>
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<tr>
<td>Spiritual journey essay</td>
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**Receipts**: note that receipts must be submitted *either* in the application itself *or* as part of the report on the grant, in sum of at least the size of the requested grant. For travel grants, note that grants can only support documented costs of travel. Submitting receipts in advance, where possible, generally strengthens applications. For car travel reimbursed at the IRS mileage rate, please provide a map showing a route and calculated mileage should be attached. For tolls, parking, and taxis, provide receipts. Gasoline is covered under the mileage rate.

**Please submit your completed Application with required documents via email to Grants@pym.org in MS-Word compatible, PDF, or text format with subject line: Travel & Witness grant application. We look forward to hearing from you!**
Travel & Witness Granting Group Report Form

NAME: __________________________________________ DATE OF REPORT: _________ DATE OF APPLICATION: _______

ADDRESS:
Street
Apartment or Unit #
City State Zip

PHONE: ___________________________ E-MAIL: ___________________________

IF APPLICATION WAS ON BEHALF OF AN ORGANIZATION OR PYM COMMITTEE please fill in:

ORGANIZATION NAME

ORGANIZATION ADDRESS:
Street
Suite or Unit #
City State Zip

PHONE: ___________________________ E-MAIL: ___________________________

Grant on which you are reporting: Please briefly describe the project/travel for which you or the organization you represent received a Travel & Witness Grant, including relevant date(s) and locations.


Briefly describe the outcome of your project/travel: What impact did it have for you and/or for the beneficiaries of your project? What did you learn? What was accomplished as a result of your project/travel, for you and/or the people you met or worked with or for? What was the best thing about this project? What lessons, if any, did you learn from this project that you would want to share with members of your community, positive or negative?
May PYM publish excerpts from your report? Y [   ] N [   ] If something in your report should remain confidential, but the report may otherwise be published, please note that here.
Travel/Project Budgeted & Income & Costs: Please list all expenses of project / travel and sources of funding. Amounts expected & spent and expected & received should reflect those submitted at time of application. Figure automobile travel at the yearly IRS mileage reimbursement rate plus parking and tolls.

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Description (e.g. Airfare round trip)</th>
<th>Amount expected &amp; spent at time of application, in total</th>
<th>Amount actually spent, in total</th>
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<td>Airfare</td>
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<td>Luggage Fees</td>
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TOTAL Expenses

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<th>INCOME</th>
<th>Description (e.g. Fund-raising event at my Meeting)</th>
<th>Amount expected &amp; actually received, at time of application, in total</th>
<th>Amount actually received or used, in total</th>
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<td>Applicant</td>
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TOTAL Income

Budget Description & Notes (optional)
Required Documents

For travel grants, please attach receipts (or other comparable documentation) documenting the costs of your travel. The cost of gas is figured into the automobile travel mileage reimbursement rate, and does not require separate documentation; receipts for parking and tolls are needed. If you submitted receipts (or other documentation) at the time of your application, you do not need to provide duplicate copies with your report.

If you are submitting photographs as part of your report, please send only jpg-formatted photographs by email to grants@pym.org, and please clearly state that PYM may publish those photographs. Photographs of your project are encouraged and welcome, but are not required.

Please submit your completed Application with required documents via email to grants@pym.org in MS-Word compatible or text format with subject line: Travel & Witness grant report.
We look forward to hearing from you!
WILLITS BOOK TRUST GRANTING GROUP

Willits does not have an application form, but welcomes inquiries and proposals by email at Grants@pym.org
This Fund was created by philanthropist Anna T. Jeanes and given to Green Street Meeting to encourage the practice of cremation. Since 1922, Green Street Monthly Meeting has made grants available toward cremation costs of any member of the Yearly Meeting.

On August 1, 2017, Green Street Monthly Meeting Trustees transferred the fund to the stewardship of Philadelphia Yearly Meeting.

**PURPOSE**

The Anna T. Jeanes Cremation Fund is available to reimburse cremation costs of members of all Monthly Meetings of Philadelphia Yearly Meeting.

**WHO CAN APPLY?**

Application may be made by Monthly Meeting pastoral care committees, family members, administrators or executors for a deceased member of Philadelphia Yearly Meeting.

**GRANT SIZE**

Reimbursement maximum is $800.

**APPLICATION**

Download application form from PYM website at [https://www.pym.org/grants/anna-t-jeanes-cremation-fund/](https://www.pym.org/grants/anna-t-jeanes-cremation-fund/), or request it from grants@pym.org, or call 215-241-7218.

Application requires 1) receipted bill for cremation from crematory or funeral home, 2) copy of death certificate, and 3) name of Meeting of which the deceased was a member at the time of death.

Completed application and two other required documents may be submitted by e-mail or via US Post Office.

**DEADLINE:**

Apply within one year after the member’s death, after cremation costs are paid and once required documents are available.
Anna T. Jeanes Cremation Fund
Application Form

1. Name of deceased member: ___________________________

2. Date of birth: __________

3. Member’s Meeting at time of death: ______________________

4. Date of death: __________

5. Place of cremation: ___________________________

6. Date of cremation: __________

7. If request is granted, payment should be made to: ___________________________

     Payee (person who paid cremation costs)

8. Relationship to deceased: ___________________________

9. Address: ___________________________

     Street

     City

     State

     Zip

10. Payee phone: ______________

11. Payee e-mail: ___________________________

12. Attachments: REQUIRED

    □ receipted bill for cremation from funeral home or crematory.
    □ copy of death certificate

Signed by ___________________________ Date of application: __________

Signer’s phone: ___________________ and e-mail: ___________________________

Please check all that apply:

□ Clerk of Care Committee  □ Member of immediate family  □ Nearest relative  □ Administrator  □ Executor

Comments: Please attach cover letter if more space is needed.

Applications may be e-mailed to: grants@pym.org
or mailed to: Anna T. Jeanes Cremation Fund
c/o Director of Grant Making, Philadelphia Yearly Meeting 1515 Cherry Street, Philadelphia, PA 19102
| THE EMERGENCY FUND |
EMERGENCY FUND
2019 Information Sheet

Through the generosity of the John Martin Trust, the PYM Emergency Fund is available to quickly assist Meetings in Philadelphia Yearly Meeting to help their members in serious financial need.

1. Recipients must be PYM members.
2. Grants are made to assist individuals or families facing a short-term financial crisis* with needs including but not limited to housing, food, employment and medical difficulties.
3. Requests should be made on a one-time basis only.
4. Maximum grant amount is $1,500.

Application to the fund on behalf of members in need must be made by either the Clerk of their Meeting or the Meeting’s Care Committee Clerk (formerly called Overseers), who is responsible for determining that the need is real. Requests will be handled confidentially and as expeditiously as possible by the General Secretary.

Clerks requesting funds should direct initial inquiries to PYM Director of Grant Making at 215-241-7218 or grants@pym.org, and then send a brief and concise letter of request in which you:

1. Describe the need and its emergency nature;
2. Identify the individuals involved;
3. Include the dollar amount requested and if more than the maximum grant is needed, the full amount of immediate emergency need;
4. Specify to whom the check should be made payable if a grant is made;
5. Provide the address to which it should be mailed.

Please address your letter to General Secretary Christie Duncan-Tessmer at cduncan-tessmer@pym.org or:

Christie Duncan-Tessmer, General Secretary
Philadelphia Yearly Meeting
1515 Cherry Street
Philadelphia, PA 19102

* For assistance to members facing chronic or non-crisis financial need, Care Committees of PYM Meetings may apply to the John Martin Trust of the Monthly Meeting of Friends of Philadelphia. See https://www.fgquaker.org/cloud/monthly-meeting-friends-philadelphia-arch-street/resources/john-martin-trust or contact the Clerk of the John Martin Trust at 610-627-1641.
COMMON FORM

SHARED ACROSS SOME GROUPS
Quaker Grantmakers

COMMON GRANT APPLICATION FORM

1) Granting organization to which you are applying ____________________________

2) Date of application: ____________

May this application be shared with other granting organizations that might support this project?  □ YES  □ NO

3) Organization applying for grant ____________________________________________

4) Organization address ____________________________________________________________

5) Contact name __________________________________________ 6) Title ____________________________

7) Contact address _________________________________________________________________

☐ same as organization _____________________________________________________________

8) Phone: Day ___________________________ Evening _____________________

9) FAX __________________________

10) E-mail: __________________________________________ 11) website ____________________

12) If this organization is not itself a Quaker Monthly, Quarterly or Yearly Meeting, is it under the direct care of a Meeting?

☐ YES  ☐ NO  If yes, which one? ____________________________________________________________

13) Grant checks should be payable to (organization) ___________________________ 14) Mail checks to (name) ___________________________ 15) Title ___________________________

16) Mail checks to (address) ___________________________________________________________

17) Purpose of grant or project name ____________________________________________

18) Amount requested ___________________________ 19) Total project budget ______________________

20) Date funds are needed ___________________________ 21) Project end date _________________________

22) Check all appropriate boxes:  □ One-time request  □ Applied before for this project

☐ Expect to apply again for this project  □ Applied before for similar project (explain)

IMPORTANT NOTE — READ THIS BEFORE APPLYING

All granting organizations have specific guidelines! Download current forms at www.pym.org/grants.

1) Be clear about your goals and objectives and how they fit within the guidelines of the fund.

2) Confirm with the funder’s contact person that you have current documents and whether application is appropriate.

3) Follow directions. Write clearly; exactly follow application format and order. Submit the required number of copies.

4) Do not skip questions unless they in no way apply to your request. In that case, indicate that is the reason.

5) Avoid repetition — less is more! Supporting materials above and beyond those requested may not be reviewed by committee members due to time constraints.

ORGANIZATIONS THAT ACCEPT THIS COMMON FORM:

PYM Quaker Buildings & Projects Granting Group  •  PYM Membership Development Granting Group

Thomas H. and Mary Williams Shoemaker Fund  •  Tyson Memorial Fund

Revised July 2016

* Please refer to information sheet or guidelines from each fund for additional directions and requirements

Download current application guidelines and forms at www.pym.org/grants.
Quaker Grantmakers COMMON FORM INSTRUCTIONS

ANSWER ALL QUESTIONS IN THE ORDER LISTED AND TITLE EACH SECTION.

Please submit the required number of copies* without binders, double-sided.

Applicants may be requested to provide additional material.

All applicants, even if previously funded, need to include all of the following material.

PROPOSAL: Multiple copies may be required*

1) Summary description and reason for request (half-page maximum) must be written on your organization’s letterhead and signed by your Clerk, Executive Director, Board Chair, or leadership equivalent.

2) Narrative (two sides of one page maximum) answer all questions, in the order indicated and label them with both the number and question.

A. Funding Request
   1. Why is this program or project needed?
   2. What program or project objectives address the current need?
   3. What individual(s) or group(s) would benefit?
   4. Is any Quaker testimony or concern addressed by this proposal? Which one(s)?
   5. List events and activities planned, with timetable for implementation and completion.
   6. List key staff/volunteers involved and their roles, qualifications; Meeting membership where applicable.
   7. Is there a sponsoring Friends Meeting, organization or group? Please identify.
   8. How does the Meeting plan to contribute to this project?
   9. Explain interactions with other organizations, if relevant.

B. Evaluation
   1. How will you define success in the short term?
   2. How will you define long-term success?
   3. If you receive this grant, by what measures will you gauge success in your final report?

ATTACHMENTS: Multiple copies may be required (check guidelines)* — please attach in the following order

1) Finances
   A. Project budget with all potential and actual expenses and funding sources indicated. Please list all other funding sources applied to, amount requested, and status of your request: 1) funding received, 2) grant approved, 3) decision pending, or 4) plan to apply.
   B. Financial Questionnaire (the appropriate one for your organization type)
   C. One the following as electronic pdf via e-mail, in order of preference:
      1. Organization’s most recently filed IRS form 990
      2. Most recent audit for organizations that do not file a tax return. Please note reason that you are not required to file.
      3. Most recent annual financial report for organizations that do not file Forms 990 or conduct regular audits. Please note reasons for this as part of your application.

2) Board of Directors
   Organizations: attach list of board members, including address, phone & Quaker Meeting membership, if any, of each board member. Please list only members of Quaker Meetings as Quakers.
   Friends Meetings: attach list of Meeting’s Clerk, other officers and Trustees, with contact information.

3) Support Material
   A. Minutes from Quaker Meeting(s) — Meetings submit the Meeting’s minute approving the application to the Granting Group. Organizations see fund guidelines or information sheet for required minutes of support from Quaker Meetings.
   B. Most recent IRS tax-exemption letter showing current 501(c)(3) tax-exempt status and EIN number. PYM Meetings with tax exemption through or on file with PYM do not need to resubmit that information with the application; please note that this is the case when applying.
   C. Organizational mission statement, if available

* Please refer to information sheet or guidelines from each fund for additional directions and requirements
Download current application guidelines and forms at www.pym.org/grants.
Quaker Grantmakers COMMON FORM

Financial Questionnaire #1: for Quaker Meetings

Please attach a copy of this questionnaire to each copy of your proposal

1. Meeting: ____________________________ 2. Founded: ________ 3. Date of application: ________

8. Outstanding mortgage or debt: ____________________________
9. Endowment principal - unrestricted: ____________________________
10. Endowment principal - restricted for graveyard care: ____________________________
11. Endowment principal - restricted for education: ____________________________
12. Endowment principal - restricted for other purposes: ____________________________

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<tr>
<th>BUDGET</th>
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<td><strong>REVENUE</strong></td>
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<td>13. Contributions from members:</td>
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<td>14. Contributions from attenders:</td>
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<td>15. Investment income - unrestricted:</td>
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<td>16. Investment income - restricted for education:</td>
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<td>17. &quot; for graveyard upkeep:</td>
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<td>18. &quot; for care of the elderly:</td>
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<td>19. Investment income - restricted other:</td>
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<td>20. Other income:</td>
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<td>21. GROSS INCOME</td>
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| **EXPENSES** | CURRENT Fiscal Year | LAST Fiscal Year | PRIOR Fiscal Year |
| | (begin date – end date) | (begin date – end date) | (begin date – end date) |
| 22. Maintenance of graveyards and buildings: | | | |
| 23. Meeting operating expenses (utilities, etc.): | | | |
| 24. Meeting committee expenses: | | | |
| 25. Meeting secretary or administration: | | | |
| 26. Meeting contributions to PYM: | | | |
| 27. Meeting contributions to Quarterly Meeting: | | | |
| 28. Meeting contributions to other Friends causes: | | | |
| 29. Meeting contributions to community causes: | | | |
| 30. Mortgage or debt payments: | | | |
| 31. Other expenditures: | | | |
| 32. TOTAL EXPENSES | | | |

33. NET INCOME OR (LOSS)

* Please refer to information sheet or guidelines from each fund for additional directions and requirements
Download current application guidelines and forms at www.pym.org/grants.
Financial Questionnaire #2: for Friends Schools

Please attach a copy of this questionnaire to each copy of your proposal

1. School: _____________________________________________  2. Date Founded:  ___________  3. Date of application: ___________


8. Percentage of Quaker Students ______%  9. Faculty _____%  10. Other staff _____%  11. Number of persons on School Committee: ________

12. Total number of contributors to annual appeal: __________

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<thead>
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<th>13. Endowment principal - unrestricted:</th>
<th>market value:</th>
<th>date of valuation:</th>
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<th>14. Endowment principal - restricted:</th>
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| 15. Outstanding mortgage or debt:                          |
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<th>BUDGET</th>
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<th>CURRENT Fiscal Year</th>
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<th>17. Contributions from annual appeal:</th>
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<th>18. Income from restricted funds:</th>
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<th>19. Income from unrestricted funds:</th>
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<th>23. Administration - non teaching salaries &amp; admissions:</th>
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<table>
<thead>
<tr>
<th>25. Operating expenses – maintenance salaries, physical plant &amp; student services:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>26. Fundraising expenses – development office, alumni relations, campaign &amp; events:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>27. Depreciation:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>28. Debt service:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>29. Other expenses:</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>32. TOTAL EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>33. NET INCOME OR (LOSS)</th>
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<tbody>
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</tbody>
</table>
**Quaker Grantmakers COMMON FORM**

**Financial Questionnaire #3: for FRIENDS RETIREMENT FACILITIES**

Please attach a copy of this questionnaire to each copy of your proposal

1. Facility Name as it appears on 501(c) (3) IRS ruling letter: __________________________ 2. Founded: ____________

3. Date of application: ________ 4. Organization’s last Fiscal Year End date: __________

5. Levels of care offered at your facility:
   - [x] Independent Living
   - [ ] Personal Care
   - [ ] Assisted Living
   - [ ] Nursing
   - [ ] Hospice

6. TOTAL current number of:

<table>
<thead>
<tr>
<th>Residents</th>
<th>Administrators</th>
<th>Other Staff</th>
<th>Board Members</th>
</tr>
</thead>
</table>

7. Number who are Quakers:* __________________________

*Please count only actual members of Quaker Meetings as Quakers

8. Number of contributors to facility last fiscal year: __________________________

9. Amount contributed last fiscal year by category:

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Meetings</th>
<th>Foundations/ Other</th>
<th>Specify “Other”:</th>
</tr>
</thead>
<tbody>
<tr>
<td>market value:</td>
<td>date of valuation:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Endowment principal - unrestricted: __________________________

11. Endowment principal - restricted: __________________________

12. Outstanding mortgage or debt: __________________________

<table>
<thead>
<tr>
<th>BUDGET</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td>CURRENT Fiscal Year (begin date – end date)</td>
</tr>
<tr>
<td>13. Resident fees:</td>
<td></td>
</tr>
<tr>
<td>14. Contributions from annual appeal:</td>
<td></td>
</tr>
<tr>
<td>15. Income from restricted funds:</td>
<td></td>
</tr>
<tr>
<td>16. Income from unrestricted funds:</td>
<td></td>
</tr>
<tr>
<td>17. Income from endowed resident assistance funds:</td>
<td></td>
</tr>
<tr>
<td>18. Income from PYM:</td>
<td></td>
</tr>
<tr>
<td>19. Other Income:</td>
<td></td>
</tr>
<tr>
<td>20. GROSS INCOME</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>CURRENT Fiscal Year (begin date – end date)</th>
<th>LAST Fiscal Year (begin date – end date)</th>
<th>PRIOR Fiscal Year (begin date – end date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Administration:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>22. Care of residents:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Operating expenses:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Unfunded resident assistance - from current monies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Depreciation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Debt service:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>27. Other expenses:</td>
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<td></td>
<td></td>
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<tr>
<td>28. TOTAL EXPENSES</td>
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</tr>
</tbody>
</table>

29. NET INCOME OR (LOSS):

* Please refer to information sheet or guidelines from each fund for additional directions and requirements

Download current application guidelines and forms at [www.pym.org/grants](http://www.pym.org/grants)
Financial Questionnaire #4: for ORGANIZATIONS other than FRIENDS SCHOOLS, FACILITIES FOR THE AGING and MEETINGS

Please attach a copy of this questionnaire to each copy of your proposal

7. Number of Quakers active in organization: ________  8. Percentage of Quakers on Board: ________%  9. on Staff: ________%

Provide information IN U. S. DOLLARS. If based on another currency, exchange rate: $1 =

<table>
<thead>
<tr>
<th>Market Value</th>
<th>Date of Valuation</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

10. Endowment and Trust principal - unrestricted: ____________________________________________
11. Endowment and Trust principal - restricted: ____________________________________________
12. Outstanding mortgage or debt: _______________________________________________________

<table>
<thead>
<tr>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>CURRENT Fiscal Year</td>
</tr>
<tr>
<td></td>
<td>(begin date – end date)</td>
</tr>
<tr>
<td>13. Fees for goods and services:</td>
<td></td>
</tr>
<tr>
<td>14. Contributions:</td>
<td></td>
</tr>
<tr>
<td>15. Grant income:</td>
<td></td>
</tr>
<tr>
<td>16. Income from restricted funds:</td>
<td></td>
</tr>
<tr>
<td>17. Income from unrestricted funds:</td>
<td></td>
</tr>
<tr>
<td>18. Other Income:</td>
<td></td>
</tr>
<tr>
<td>19. GROSS INCOME</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>CURRENT Fiscal Year</th>
<th>LAST Fiscal Year</th>
<th>PRIOR Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(begin date – end date)</td>
<td>(begin date – end date)</td>
<td>(begin date – end date)</td>
</tr>
<tr>
<td>20. Administration:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Program costs:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Operating expenses:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>23. Fundraising expenses:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>24. Depreciation:</td>
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<tr>
<td>26. Other expenses:</td>
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<tr>
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28. NET INCOME OR (LOSS)