

**PARISH NURSE MINISTRY RESOURCE GROUP GRANT APPLICATION**

**Name: Date:**

**Position:**

**Faith Community:**

**Address:**

**Pastor**

**Signature:**

**Phone Number: Email:**

**Grant guidelines:**

* Project must benefit the health and wellness of older adult population.
* Faith community must be a member of the Lyngblomsten Parish Nurse Ministry Resource Group.

|  |  |
| --- | --- |
| **NAME OF PROJECT FOR WHICH FUNDING IS BEING REQUESTED:** | |
| **FUNDING AMOUNT REQUESTED:**  **$** | **ARE YOU REQUESTING 100% COST PROJECT?**  🞏 YES 🞏 NO  If no, where is balance coming from and in what amount? |
| **FUNDS WILL BE USED TO:**  **🞏 ENHANCE A CURRENT PARISH NURSE PROGRAM:**  **🞏 START A NEW PARISH NURSE PROGRAM:** | **LIST 2-3 GOALS OF THE PROJECT:** |
| **HOW WILL THE PROJECT ENHANCE THE LIVES OF OLDER ADULTS IN YOUR CONGREGATION AND COMMUNITY:** | |
| **WHAT IS THE TIMELINE FOR THIS PROJECT?** | |
| **SUPPORTING INFORMATION (IF APPLICABLE) –** attach photos, sketches, sample, pricing, etc. | |
| ***All applications must be postmarked by October 1, 2019 to be considered. Awards will be announced by October 30, 2019 and checks issued by December 1, 2019. Those awarded grant money will be asked to complete a written report at the end of the grant period.*** | |

Please submit a completed application to:

**Becky Hulden**

**Parish Nurse Coordinator**

**Lyngblomsten**

**1415 Almond Ave.**

**St. Paul, MN 55108**

[**bhulden@lyngblomsten.org**](mailto:bhulden@lyngblomsten.org)

**651-632-5335**