

RONALD MCDONALD HOUSE CHARITIES OF WESTERN NEW YORK, INC.

GRANT APPLICATION FORM

Please read the "Grant Guidelines and Application and Review Process" before completing this application.

Date: _____

1. ORGANIZATION

Name of organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ email: _____

Program Director: _____ Title: _____

Contact person (if different from Program Director)

Name: _____ Title: _____

2. HISTORY

Please provide us with a brief history of your organization: _____

Has your organization previously applied for a grant from R.M.H.C. or Ronald McDonald House Children's Charities? YES / NO

Date: _____ Amount: _____ Approved/Denied: _____

For what purpose? _____

3. GRANT REQUEST

Project/Program Title: _____

Project/Program Area: (check one):

_____ Education & the Arts _____ Social & Civic _____ Health & Medical Research

Amount of Request: \$ _____ Date Funding is needed by: _____

Project/Program Time Frame:

Start date: _____ Projected completion date: _____



4. SUMMARY OF PROJECT/PROGRAM

Please provide a concise description of the need or problem to be addressed. Include the goals and objectives of the specific program or project, the specific purpose for the funds, how the objectives will be accomplished, and the timetable for implementation. What is unique about your program or project?

If this is a Daycare, arts or education program:

What is your staff to child ratio? _____

What percentage of your staff has professional training? _____%

Is your center accredited? YES / NO

5. PLEASE COMPLETE THE FOLLOWING TARGET POPULATION CHECK LIST:

Total number of children to be served: _____

Percent of children that fall into specific demographic groups:

_____ % African American	_____ % Hispanic American
_____ % Native American	_____ % Asian American/Pacific Islander
_____ % Caucasian	_____ % Other

6. PROJECT OR PROGRAM BUDGET

Please attach an itemized budget for this project/program, and provide plans for other sources of funding, if any. List requested, secured and/or matching grants and funds.

What will happen to this program if RMHC funds only a portion or none of this request?



7. PLANS FOR THE CONTINUATION OF THE PROJECT OR PROGRAM

Where applicable, describe your plans for continued funding of this project or program beyond the time frame described in section 3, above.

8. EVALUATION

How will you determine the impact of this project or program? (For example, a survey of parents and children, the appraisal of physical improvements, attendance figures, a report of increased reading skills, etc.) Please be specific. You will be required to submit an evaluation report following completion of the project or program.

9. PUBLICITY

How will you publicize this grant? (Please note: You may not issue any press releases, community announcements, etc. in which you refer to R.M.H.C. or McDonald's Owners/Operators without the advance approval of the R.M.H.C. Grant Review Committee.)

10. PERMISSION TO USE YOUR NAME

You agree to allow R.M.H.C. to use your organization's name, details about this grant and your project/program in R.M.H.C. promotional materials.

Signature of Program Director: _____

Title: _____

11. HOW DID YOU HEAR ABOUT RMHC COMMUNITY GRANTS PROGRAM



CHECKLIST (Please return this checklist with your completed grant application)

Please include the following information, collated into **thirteen individual packets**, so that a complete packet may be distributed to each committee member:

- _____ Completed grant application (13 copies)
- _____ Itemized budget for this project or program (13 copies)
- _____ Names, titles and employment of your Board of Directors (13 copies)
- _____ Mission Statement for your organization (13 copies)
- _____ Letters of endorsement (from McDonald's owner/operator) (optional)
- _____ Additional supporting documentation (optional) such as newsletters, media reports, annual reports (limit of four additional items)

Please include **two copies** of the following, and keep separate from the other thirteen packets:

- _____ Current year budget for your organization
- _____ Most current balance sheet for your organization
- _____ Most recent audited financial statement
- _____ IRS 501 (c)(3) determination letter

Attach additional sheets if you feel that any of these items require further explanation.

Thank you for your interest in helping children lead happier, healthier lives. A Ronald McDonald House Charities Grant Review Committee representative may contact you for further information and a possible site visit.

Please address all correspondence to:
Grant Review Committee
Ronald McDonald House Charities of W.N.Y., Inc.
780 West Ferry Street
Buffalo, NY 14222

Telephone (716) 883-1177
Fax (716) 881-9312

