



Ronald McDonald House Charities, Inc.

333 Westmoreland Drive - Rochester, NY 14620 - Ph 585.442-5437 Fx: 585.442.7330

Grant Application Form

Date _____

Please read "[Grant Guidelines & Application Process](#)" before filling out the application.

1. ORGANIZATION

Name of organization _____

Address _____

City _____ Zip _____

Telephone _____ fax _____ E-mail _____

Contact: _____ Title: _____

Chief Exec. _____ Title: _____

Project Title _____

Chairperson, Board of Dir. _____

(Print & Signature)

Area of concern (check one): Education/Arts | Civic/Social | Health/Medical

Total cost of this project \$ _____

Amount of Request: \$ _____ Funding is needed by _____ (date)

Date by which funds will be spent _____

- Please refer to page 4 of this application for a list of attachments.
- You are invited to include letters of support from any McDonald's representative or from a Ronald McDonald House Charities Board Member or volunteer.
- If you must expand on the application, please attach no more than 3 additional sheets.
- If the application is transferred to a computer file of your own creation, **take special care to omit nothing, including questions asked.**

2. HISTORY

[next page ->](#)

Please provide us with a brief history of your organization.

Your Mission Statement:

3. TARGET POPULATION

Please summarize your target population in measurable terms

Who is the primary audience: _____

Ethnic Mix:

___ % Caucasian

___ % Asian

___ % African-American

___ % Native American

___ % Hispanic

___ % Other

Age of participants: _____

Does this program serve handicapped or special needs children? ___ In what manner?

Realistically, how many children with benefit from this service? _____

How will you recruit your target audience?

[next page ->](#)

4. SUMMARY

[next page ->](#)

Specific purpose of the funds

Problem to be addressed:

Primary desired outcome:

Secondary desired outcome:

How will you achieve the desired outcomes?

Timetable for completion of project:

What is unique about this project?

If this is a day care, arts or education program:

- What is your staff-to-child ratio? ___/___
- What percentage of staff has professional training? _____
- Is your center accredited? _____

5. BUDGET

Please attach an itemized budget for:

- this project
- your total agency,
- how this grant would be spent.

What is your fallback position if RMHC funds only a portion or none of your request?

List other potential and actual sources of support. Put an "*" by those committed, noting any Matching Fund requirements.

Amount ---- Funder

List major funders of program/project for past two years if applicable:

Amount ---- Funder

[next page ->](#)

6. EVALUATION

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

7. RECOGNITION

How do you plan to recognize RMHC if awarded a grant?

CHECK LIST: Please indicate that you have included the following:

- Cover letter summing up your request
- Most recent audited financial statement with footnotes and auditor's management letter comments **OR** Form 990*
- Letter from IRS (not New York State) verifying your not-for-profit status [501(c)(3)]
- Itemized budget for the requested project
- Itemized budget for entire agency
- Letters of endorsement (optional)
- Names and titles of your Board of Directors

Your application will not be considered without complete information.

*If you are operating under the aegis of another 501(c)(3) organization, send financial data for **YOUR** program, not theirs.