

**2020 Grant Application Form**

**Please see the Ronald McDonald House Charities Wichita Grant Guidelines in order to complete this application**.

1. Applying Organization Information:

Name of Organization, as shown on IRS 501(c)(3) letter:

Address:

City/State/Zip:

Contact Person:

Title:

Phone:

FAX:

e-mail:

2. Title of Project:

3. Specific Amount Requested:

4. Have you applied before?

5. Were you funded before? \_\_\_\_\_yes \_\_\_\_\_\_no

If yes, please give amount and year.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please check the description that best describes your program/project.

 \_\_\_\_\_ Education and the Arts

 \_\_\_\_\_ Civic and Social Services

 \_\_\_\_\_ Healthcare and Medical Research

 \_\_\_\_\_ Other (please describe)

7. Mission Statement of Applying Organization:

8. Summary of the specific program or project for which you are requesting funding.

9. Please list the objectives, anticipated measurable outcomes of the program or project, and your plan for accomplishing those objectives.

10. Target Population: Please describe the target population in measurable terms.

11. How many children will this grant serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Give the **percentage** of the 3 ethnic backgrounds that will be served primarily.

 Asian \_\_\_\_\_

 African American \_\_\_\_\_

 Caucasion \_\_\_\_\_

 Hispanic \_\_\_\_\_

 Multiracial \_\_\_\_\_

 Native American \_\_\_\_\_

 Other \_\_\_\_\_

13. Give the **percentage** of the top 3 age groups that will primarily be served.

 0-3 \_\_\_\_\_

 4-9 \_\_\_\_\_

 9-12 \_\_\_\_\_

 13-18 \_\_\_\_\_

 19-21 \_\_\_\_\_

14. Additional Funding: RMHC Wichita evaluates each grant application and makes a final determination in one of four possible ways:

* Approve the full amount requested.
* Approve partial funding for the program/project.
* Table the decision to await further information and/or clarification, which will then be reviewed at another meeting of the Grant Committee.
* Deny the request.
1. If your organization receives partial funding for this project, will additional funding be sought from external sources, or will the organization make an internal funding commitment? Please explain:
2. What action will your organization take if funding is denied?
3. Are you collaborating with any other organization in this endeavor? If so, please list collaborating organization(s) and contact person(s).
4. Have other applications been submitted for this project? If yes, what is the status?

15. Project Budget: Provide a budget specific to the proposed project. Please review guidelines for funding restrictions.

16. Permission to use your name: If your organization receives funding, will you allow the use of your organization’s name, logo, and/or other details about your specific project in promotional material produced by RMHC Wichita?

Signature of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_