**LARGE GRANT APPLICATION**

**$50,000-$100,000**

*Please review Grants Program Guidelines at* [*www.keiro.org/grants*](http://www.keiro.org/grants)

|  |  |  |  |
| --- | --- | --- | --- |
| **Organizational Information and Contact** | | | |
| Name of Organization Click here to enter text. | | | |
| Mission  Click here to enter text. | | | |
| Mailing Address Click here to enter text. | | | |
| City Click here to enter text. | State Click here to enter text. | | Zip Code Click here |
| Phone Number Click here to enter text. | | Fax Number Click here to enter text. | |
| Federal Tax ID Number Click here to enter text. | | Website Address Click here to enter text. | |
| Type of Organization  501(c)(3) not-for-profit organization  Religious Organization  Community Group (under fiscal sponsorship) \*  Other Click here to enter text.  \* If under fiscal sponsorship, name of sponsoring organization ­­­­­­­­­­­­ Click here to enter text. | | | |

|  |  |
| --- | --- |
| Name of Chief Organizational Leader Click here to enter text. | |
| Contact Person for this application Click here to enter text. | |
| Title Click here to enter text. | Phone Number Click here to enter text. |
|  | Email Address Click here to enter text. |

|  |  |
| --- | --- |
| Total Organizational Budget Click here to enter text. | |
| Total Project Budget Click here to enter text. | Total Request from Keiro Click here to enter text. |
| Purpose of Request:  New program  Expanding or enhancing current program  Program Support  Capital needs  Core Operating Support  Capacity building | |

|  |
| --- |
| Brief Title Click here to enter text. |
| Brief Project Description/Summary (*limit 100 words)*   Click here to enter text. |

|  |
| --- |
| **Program overview and alignment:**  *Describe the proposed project and how it is aligned with Keiro’s mission, strategy, and goals.* |
| Click here to enter text. |

|  |
| --- |
| **Goals and outcomes:**  *What are the goals for impact of this program and anticipated outcomes? What strategies will be utilized to achieve intended impact? You might share how project will be conducted and if appropriate, how long this program has existed. If it is a new program, describe how far you are in the development of this program and why it is of interest to your organization.* |
| Click here to enter text. |
|  |
| **Demographics of populations served:**  *Who is the population you seek to serve in the proposed program or project? Provide a brief overview of the demographics, age, and geography that this effort will serve. What percentage of those served are Japanese and Japanese American? Be sure to highlight how the program is culturally sensitive.* |
| Click here to enter text. |

|  |
| --- |
| **Collaboration/Partnerships:** *What other organization/program, if any, Is your organization collaborating or partnering with to achieve your goals?* |
| Click here to enter text. |

|  |
| --- |
| **Needs:**  *What are the greatest needs or vulnerabilities faced by the seniors and/or caregivers that you will be serving? What are the specific challenges that your project will help participants or clients to overcome? How were these needs identified? Please describe how you hope the program will address their needs.* |
| Click here to enter text. |

***Genki* Living®:** Which of the *Genki* Living: Eight Dimensions of Wellbeing does this program most closely align with? Why are these dimensions meaningful? Please select all that apply.   
For definitions of each dimension, please see [*Genki* Living: Eight Dimensions of Wellbeing](http://www.keiro.org/about/8-dimensions-of-wellbeing/)

|  |  |  |
| --- | --- | --- |
|  | Physical | Click here to enter text. |
|  | Intellectual | Click here to enter text. |
|  | Social | Click here to enter text. |
|  | Spiritual | Click here to enter text. |
|  | Financial | Click here to enter text. |
|  | Emotional | Click here to enter text. |
|  | Occupational | Click here to enter text. |
|  | Environmental | Click here to enter text. |

|  |
| --- |
| **Project Timeline:**  *What is the anticipated timeline for implementation?* |
| Click here to enter text. |

|  |
| --- |
| **Evaluation:**  *How will you measure success? Which metrics will guide your assessment of the program?* |
| Click here to enter text. |

|  |
| --- |
| **Project Sustainability:** *What measures will you take as an organization to promote program sustainability? How will you leverage Keiro funding to stimulate new funding and build a strong base of support for the program going forward?* |
| Click here to enter text. |

|  |
| --- |
| **Please explain how you would adjust your project budget if you were to receive partial funding or no funding from Keiro.** *Would you still conduct the project without funding from Keiro? If you received partial funding, how would you make up the difference? What other funding sources are available?* |
| Click here to enter text. |

|  |
| --- |
| **Organizational overview and track record of service:**  *Please provide a brief description of your organization including mission, key services for older adults, and number of older adults served each year.* |
| Click here to enter text. |

|  |
| --- |
| **Operating capacity:**  *Describe strengths of the organization’s leadership (e.g., staff and/or Board) and how these will contribute to achievement of outcomes.* |
| Click here to enter text. |

**Attachments**

* Detailed project budget (one page) including income and expenses. Please include amounts committed and pending from other sources, if applicable
* List of Board of Directors including business and community affiliations
* Copy of your organization’s IRS verification letter of 501(c)(3) status, if applicable
* Current year organizational budget with year to date actuals
* Copy of most recent IRS 990 tax returns
* Audited financial statements for most recently completed fiscal year

**Additional Attachments (optional)**

* Brochure, annual report, newsletter, news articles, and other promotional materials (if applicable; no more than three pieces please)
* Letter(s) of support from partnering organization(s), if applicable
* Research studies, newspaper articles, or reports justifying need

**Application Submission Guidelines**

Application materials should be submitted to:

Keiro

Attn: Grants Program

420 E. Third Street, Suite 1000

Los Angeles, CA 90013

grants@keiro.org

Application submission deadline is **September 1, 2017**

Copyright © 2006-2017 by Keiro Services.  All rights reserved.  KEIRO and GENKI LIVING are registered trademarks of Keiro Services.  All other trademarks, service marks, and logos are trademarks of Keiro Services.  Use of the names and/or the logos without written permission is prohibited.