**SMALL GRANT APPLICATION  
up to $15,000**

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

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| **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. | |
| Email Address 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. | | | |

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| 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. |

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| 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 Support  Capacity building | |

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| **What are the specific goals of this project and what services will you provide to achieve them?**  *Please consider a brief project description including services provided. Be sure to highlight how the program is culturally sensitive. You might share where programs are delivered and 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. |
|  |
| **Who is the population you seek to serve in the proposed program?**  *Brief overview of the demographics, age, and geography this program serves, paying special attention to the Japanese American and Japanese populations. Please describe how you hope the program will address their needs and the outcomes you hope to achieve.* |
| Click here to enter text. |

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| **How will you evaluate the program to know it achieved its goals?**  *What metrics will you use to assess success?* |
| 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/)

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| --- | --- | --- |
|  | 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. |

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| **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. |

**Attachments**

* List of Board of Directors or steering committee
* Organizational budget
* Project budget
* Copy of your organization’s IRS verification letter of 501(c)(3) status, if applicable
* Up to two pieces of informational literature from your organization (e.g. brochure, annual report, newsletter, or news article)

**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 **November 15, 2016**

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