**2023-2024 GRANT APPLICATION  
up to $20,000**

*Please review the Grants Program Guidelines at* [*keiro.org/grants*](http://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. | |
| Federal Tax ID Number Click here to enter text. | | Website Address Click here to enter text. | |
| Type of Organization (Please check a box below)  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. | | | |
| Grant Contact for this application Click here to enter text. | | | |
| Grant Contact Title Click here to enter text. | | Phone Number Click here to enter text. | |
| Email Address Click here to enter text. | |  | |

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| Annual Organizational Operating Budget Click here to enter text. | |
| Total Project Budget Click here to enter text. | Funding Request from Keiro Click here to enter text. |
| Purpose of Request:  New Program  Program Development  Capacity Building  Core Operating Support  Capital Needs | |

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| Project/Program Title Click here to enter text. |
| Briefly describe your project/program, and how the community will benefit as a result:  Click here to enter text. |

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| **Question 1: Identified Issues/Challenges – Enhancing quality of life for older adults/caregivers**  **1a: What challenge(s) do older adults and/or caregivers in your organization face that you are trying to solve?**  *Have members expressed a need for your organization to address this request?* |
| Click here to enter text. |
| **1b: Which element(s) of quality of life will be enhanced by your program?**  *Describe how your program will address your members’ or your community’s quality of life concerns.* |
| Keiro quality of life element addressed (Select up to two and indicate in the description below which is primary):  Health/Wellness  Connectedness  Security  Purpose  Autonomy  Describe how the quality of life element(s) will be addressed by your program:  Click here to enter text. |

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| **Question 2: Measurable Outcomes:** Goals, Objectives, and Evaluation  **2a: What are the goals and objectives you will accomplish with this project/program?**  *List 2-3 goals of your project.*  *Goals should be: Specific, Measurable, Attainable, Realistic, and Time-bound.* |
| Click here to enter text. |
| **2b: How will you measure the progress towards your goals?**  *What measurements (quantitative or qualitative) will you collect to show the success of the program?*  *How many people will you reach? How will you measure if you enhance the quality of life of your members and/or your community?* |
| Click here to enter text. |
| **2c:****How will you evaluate if you successfully enhanced the quality of life of your members?**  *When evaluating the program, how will you collect participant feedback to improve the program? Surveys, or other methods? How will you measure if you successfully enhance quality of life for your members?* |
| Click here to enter text. |

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| **Question 3: Demographics, Implementation Plan, and Frequency of Service**  **3a: Who is your target audience, and how many Japanese American and Japanese older adults/caregivers will the project/program serve?**  *Include numbers and describe who you will serve below.* |
| Older adults: Click here to enter text.  Caregivers: Click here to enter text.  Click here to enter text. |
| **3b: Include a description of your implementation timeline.**  *Funding is announced by March 2024. Include details on your implementation timeline. Describe frequency of services and the impact you hope the project/program will have on the target population.* |
| Implementation timeline: Click here to enter text.  Frequency or occurrence of service: Click here to enter text. |
| **Question 4: Funding**  **4a: Would you continue to conduct the project/program without funding from Keiro? Please elaborate.**  *Why is support from Keiro needed for this project/program?* |
| Click here to enter text. |
| **4b: Describe how you would adjust your project/program budget if you were to receive reduced funding or partial funding from Keiro.**  *List your priority for funding. How would you address the shortfall in funding?* |
| Click here to enter text. |
| **4c: Please elaborate on your organization’s primary sources of funding.**  *(Fundraising, membership, grants, etc. Do you have other means to secure funding/support for this project/program?* |
| Click here to enter text. |

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| **Question 5: Sustainability**  **5a: Keiro funding after a 12-month period is not guaranteed. If you wish to sustain this project/program, describe how your organization plans to support the continuation of this project and maintain it into the future.** |
| Click here to enter text. |

**Required Attachments**

List of Board of Directors or steering committee

Total organizational annual operating budget

Project budget outlining how project expenses will be allocated

Copy of your organization’s IRS verification letter of 501(c)(3) status, if applicable

Copy of your organization’s most recent 990, if applicable

If partnering with another organization, a letter indicating support of your program

If fiscally sponsored by another organization, letter of support from the fiscal sponsor

**Additional Attachments (optional)**

Optional: Organization history with services for older adults listed

Optional: Compilation, Review, or Audited Financial Statements, if applicable

Optional: Surveys to show demonstrated need for proposal

Optional: Research studies, newspaper articles, or reports justifying need

**Application Submission Guidelines**

This year, please submit all application materials electronically to grants@keiro.org.

**We ask that all submitting organizations refrain from visiting and dropping off applications in-person.** Mailed in applications will be accepted, but notice must be given by emailing grants@keiro.org.Mailed applications must be received by the submission deadline.

If mailing hard copies, please give notice to staff and can be mailed to the address below:

Keiro

ATTN: Grants Program

420 East Third Street, Suite 1000  
Los Angeles, CA 90013

If faxing an application, please fax to 213.873.5799 and provide notice by emailing grants@keiro.org.

**Application submission deadline**

Applications will be accepted through **5:00 p.m. PDT** **Friday, October 20, 2023**. We encourage early submissions. Grant awards will be announced by March 2024.

For more information, please contact Makoto Kotani, Director of Programs, at 213.873.5703 or grants@keiro.org.

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