**2018 GRANT APPLICATION
up to $15,000**

*Please review the 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. |
| MissionClick 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 [ ]  Program Development[ ]  Core Operating Support [ ]  Capital needs[ ]  Capacity Building |

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

|  |
| --- |
| **Question 1: Greatest Issue or Problem****1a: What is the greatest issue/problem impacting older adults or caregivers in your organization?** |
| Click here to enter text. |
| **1b: How have your members or caregivers expressed a need to address this issue? Please explain.***For ex. have you conducted surveys/received feedback to address this request? By how many people?* |
| Click here to enter text. |
|  |
| **Question 2: Connecting a Solution with the Issues****2a: How does your proposed project/program address your organization’s greatest issue?** |
| Click here to enter text. |
| **2b: What else, other than 2a, is your organization currently doing to address this issue?** |
| Click here to enter text. |
| **2c: Why is support from Keiro needed to address this issue?***Is there a demand or need for the services provided by this project?* |
| Click here to enter text. |

|  |
| --- |
| **Question 3: Goals and Objectives****3a: What are the specific goals of this project and what services will you provide to achieve them?***What services will be provided to achieve the goals of the project? What are you hoping to accomplish with this project/program?* |
| Click here to enter text. |
|  |
| **Question 4: Organization Demographics****4a: How many Japanese American and Japanese older adults/caregivers does your organization currently serve each year?**  |
| Japanese American and Japanese older adults: Click here to enter text.Caregivers: Click here to enter text. |
| **4b: Please provide a brief overview of the *demographics and geography* your organization serves as it relates to Japanese American and Japanese populations.** |
| Click here to enter text. |

|  |
| --- |
| **Question 5: Project/Program Demographics:****5a: How many Japanese American and Japanese older adults/caregivers will this program serve?** |
| Japanese American and Japanese older adults: Click here to enter text.Caregivers: Click here to enter text. |
| **5b: Please describe the impact you hope the program will have on the target population.**  |
| Click here to enter text. |

|  |
| --- |
| **Question 6: Evaluation****6a: How will you measure the success of this program?***How will you evaluate if your greatest needs were addressed?* |
| Click here to enter text. |
| **6b: What metrics, besides surveys, will be used to assess the success of your proposal?** |
| Click here to enter text. |
| **Question 7: Organization History****7a: Please provide a brief description of your organization including key services for older adults.** |
| Key services for older adults: Click here to enter text.Brief organization history: Click here to enter text. |

|  |
| --- |
| **Question 8: Funding****8a: Would you still conduct the project without funding from Keiro?** |
| Click here to enter text. |
| **8b: Please explain how you would adjust your project budget if you were to receive partial funding or no funding from Keiro.** |
| Click here to enter text. |
| **8c: What are your organization’s primary sources of funding?** *(For ex. fundraising, membership, grants, etc.)* |
| Click here to enter text. |

|  |
| --- |
| **Question 9:** **9a: Do you have plans to sustain this project for more than one year? Separate from Keiro funding how will you support this project and maintain its sustainability?** |
| Click here to enter text. |

**Required Attachments**

* List of Board of Directors or steering committee
* Organizational operating budget
* Project budget
* 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
* If fiscally sponsored by another organization, letter of support from the fiscal sponsor

**Additional Attachments (optional)**

* Optional: Compilation, Review, or Audited Financial Statements, if applicable
* Optional: Surveys to show demonstrated need for proposal
* 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 **August 31, 2018**

Copyright © 2006-2018 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.