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

*Please review the 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. | |
| 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. | | | |

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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. |
|  | Email Address 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  Program Development  Core Operating Support  Capital needs  Capacity Building | |

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

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| **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. |
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| **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. |

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| **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. |
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| **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. |

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| **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. |

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| **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. |

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| **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. |

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| **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**

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