**2019-2020 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 Annual 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/Program Title Click here to enter text. |
| Brief Project/Program Description/Summary (*limit to 100 words)*  Click here to enter text. |

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| **Question 1: Identified Issues or Challenges**  **1a: What are key issues or challenges affecting older adults or caregivers served by your organization?** |
| Click here to enter text. |
| **1b: Have your members or caregivers expressed a need to address these issues? 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: Is your organization currently addressing the issues or challenges mentioned in Question 1?** |
| Click here to enter text. |
| **2b: How does your proposed project/program address one or more of the issues or challenges faced by older adults and/or caregivers in your organization?** |
| Click here to enter text. |
| **2c: Why is support from Keiro specifically needed to address this issue?**  *Is there a demand or need for the services provided by this project/program? Please describe this need.* |
| Click here to enter text. |

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| **Question 3: Goals and Objectives**  **3a: What are the specific goals of this project/program?**  *What are you hoping to accomplish with this project/program?* |
| Click here to enter text. |
| **3b: What services will your proposed project provide your members in order to meet these goals?**  *What steps will you take to accomplish the goals outlined in 3a?* |
| Click here to enter text. |
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| **Question 4: Organization Demographics**  **4a: Please provide a brief overview of the *demographics and geography* your organization serves.** |
| Click here to enter text. |
| **4b: 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. |

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| **Question 5: Project/Program Demographics:**  **5a: How many Japanese American and Japanese older adults/caregivers will this project/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 project/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 project/program?**  *How will you evaluate if your needs or challenges 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. |

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| **Question 7: Organization History**  **7a: Please provide a brief description of your organization including key services for older adults.** |
| Brief organization history: Click here to enter text.  Key services for older adults: Click here to enter text. |

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| **Question 8: Funding**  **8a: Would you still conduct the project/program without funding from Keiro?** |
| Click here to enter text. |
| **8b: Please explain how you would adjust your project/program 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: Sustainability**  **9a: Do you plan on sustaining this project/program beyond the 12-month Keiro grant period? Yes/No** |
| Click here to enter text. |
| **9b: Keiro funding after a 12-month period is not guaranteed. If you wish to sustain this project/program, how does your organization plan to support the continuation of this project and maintain its stability?** |
| 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 will be accepted electronically or in person to:

Keiro

ATTN: Grants Program

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

grants@keiro.org

**Application submission deadline**

Applications will be accepted through **Friday, August 30, 2019**. We encourage early submissions. Grant awards will be announced in January 2020.

For more information, please contact Makoto Kotani, Program Analyst, at 213.873.5703 or grants@keiro.org.

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