**2020-2021 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 (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. | | | |

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| Name of Chief Organizational Leader Click here to enter text. | |
| Contact Person 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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| 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?**  *How has your group been impacted by COVID-19 and what challenges do you face?* |
| Click here to enter text. |
| **1b: Have your members/caregivers expressed their need to address these issues? Please explain.**  *Have members asked your organization to address this request? What is currently being done to address these needs?* |
| Click here to enter text. |
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| **Question 2: Addressing Social Isolation and Loneliness**  **2a: How does your proposed project/program address the issues of social isolation and loneliness faced by older adults and/or caregivers in your organization?** |
| Click here to enter text. |
| **2b: Will your project/program outreach to new participants or reengage past participants in programs?**  *How will this outreach occur? What is your priority?* |
| Click here to enter text. |
| **2c: Why is support from Keiro specifically needed to address this issue?**  *How will Keiro funding support your organization’s need for the services you will offer? Please describe this need.* |
| Click here to enter text. |

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| **Question 3: Objectives and Outcomes**  **3a: What are you hoping to accomplish with this project/program?**  *What are some objectives you wish to achieve and what outcomes would you like to see?* |
| Click here to enter text. |
| **3b: What services will you provide your members in order to meet these goals?**  *What steps will you take to achieve the objectives and outcomes outlined in 3a?* |
| Click here to enter text. |

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| **Question 4: Project/Program Demographics and Frequency of Service:**  **4a: How many Japanese American and Japanese older adults/caregivers will this project/program serve?**  *How frequently will services or this program be provided?* |
| Older adults: Click here to enter text.  Caregivers: Click here to enter text. |
| **4b: 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 5: Evaluation**  **5a: How will you measure the success of this project/program?**  *What quantitative measurements and qualitative information will you collect to show the success of the program?* |
| Click here to enter text. |
| **5b: What metrics, besides surveys, will be used to assess the success of your proposal?** |
| Click here to enter text. |
| **Question 6: Funding**  **6a: Would you still conduct the project/program without funding from Keiro?** |
| Click here to enter text. |
| **6b: Please explain how you would adjust your project/program budget if you were to receive reduced or partial funding from Keiro.**  *Which items would you prioritize for funding? How would you address the shortfall in funding?* |
| Click here to enter text. |
| **6c: What are 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 7: Sustainability**  **7a: How do you plan on sustaining this project/program beyond the 12-month Keiro grant period?** |
| Click here to enter text. |
| **7b: 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: 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.**

Hard copies may be submitted, but are not required and can be mailed to the address below:

Keiro

ATTN: Grants Program

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

**Application submission deadline**

Applications will be accepted through **5:00 p.m. PDT** **Friday, October 30, 2020**. We encourage early submissions. Grant awards will be announced by March 2021.

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

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