**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. |
| 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 (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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