**2021-2022 GRANT APPLICATION
up to $15,000**

*Please review the Grants Program Guidelines at* [*keiro.org/grants*](http://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/Challenges - Addressing Social Isolation and Loneliness****1a: How will your proposed project/program address social isolation or loneliness challenges affecting older adults or caregivers served by your organization?***Describe how your project/program will aim to reduce isolation and loneliness in your members.* |
| Click here to enter text. |
| **1b: Describe the need for these services from the older adults/caregivers in your organization.***Have members asked your organization to address this request? How will you address this need?*  |
| Click here to enter text. |
| **1c: How will your project/program outreach to new participants or reengage past participants in programs?***How will this outreach occur? Describe your priority/priorities.* |
| Click here to enter text. |

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| **Question 2: Objectives and Outcomes****2a: Describe what goals you would like to accomplish with this project/program.***Describe the desired measurable outcomes you want to achieve with the objectives of your program.* |
| Click here to enter text. |
| **2b: How will the services you provide your members achieve the desired outcomes?***Elaborate on the goals that will achieve the objectives and outcomes outlined in 2a.* |
| Click here to enter text. |
| **Question 3: Project/Program Demographics and Frequency of Service****3a: Who is your target audience and how many Japanese American and Japanese older adults/caregivers will the project/program serve?**  |
| Older adults: Click here to enter text.Caregivers: Click here to enter text.Click here to enter text. |
| **3b: How frequently will services of the program be provided?** *Describe the impact you hope the project/program will have on the target population.*  |
| Frequency or occurrence of service: Click here to enter text.Click here to enter text. |

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| **Question 4: Evaluation****4a: 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. |
| **4b: What metrics, surveys or otherwise, will be used to assess the success of your proposal?***When evaluating the program, how will you collect participant feedback to improve the program?* |
| Click here to enter text. |

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| **Question 5: Funding****5a: How would you continue to conduct the project/program without funding from Keiro? Please elaborate.***Why is support from Keiro needed for this project/program?* |
| Click here to enter text. |
| **5b: Describe 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. |
| **5c: Please elaborate on 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 6: Sustainability****6a: Describe how you plan on sustaining this project/program beyond the 12-month Keiro grant period.** |
| Click here to enter text. |
| **6b: Keiro funding after a 12-month period is not guaranteed. If you wish to sustain this project/program, describe how your organization plans 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 annual 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, but notice must be given by emailing grants@keiro.org.

If mailing hard copies, please give notice to staff and can be mailed to the address below:

Keiro

ATTN: Grants Program

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

If faxing an application, please fax to 213.873.5799 and provide notice by emailing grants@keiro.org.

**Application submission deadline**

Applications will be accepted through **5:00 p.m. PDT** **Friday, October 15, 2021**. We encourage early submissions. Grant awards will be announced by March 2022.

For more information, please contact Makoto Kotani, Director of Programs, at 213.873.5703 or grants@keiro.org.

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