**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. | | | |
| 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/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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