



RONALD MCDONALD  
HOUSE CHARITIES  
OF SOUTH FLORIDA

## GRANT APPLICATION FORM

### 1. ORGANIZATION

Name of Organization: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Amount Being Requested from RMHC of South Florida: \$ \_\_\_\_\_

Provide information on the McDonald's Endorser you are working with:

Endorser's Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

To what extent have you worked with the McDonald's Endorser?

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Have you ever received monies from RMHC before? If yes, please explain.

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**Note:** If you have received funding from RMHC of South Florida previously, you must wait at least one full year from the time you were awarded the grant until you submit another request for funding.

## 2. BUDGET

Amount Being Requested from RMHC of South Florida: \$ \_\_\_\_\_

Provide an itemized budget for this project (show how/where dollar amount being requested was obtained).

## 3. TARGET POPULATION/DEMOGRAPHICS

Provide the following information relative to the project you are requesting funding for:

Number of children that will be served: \_\_\_\_\_

Age(s) of children that will be served: \_\_\_\_\_

Percentages this project will impact:

African American \_\_\_\_\_%

Asian American \_\_\_\_\_%

Caucasian \_\_\_\_\_%

Hispanic American \_\_\_\_\_%

Native American \_\_\_\_\_%

Other - \_\_\_\_\_%

#### 4. HISTORY

Provide a brief history of your organization. Include overall goals and purposes of the organization or specific department concerned.

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#### 5. PROJECT

Provide a description of the project you are requesting funding for and need or problem being addressed. Include specific purpose of how the funds will be used and how your objectives will be accomplished.

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#### 6. EVALUATION

How will you determine the impact of this project? For example, appraisal of physical improvements, survey of children and parents, etc. Please be specific.

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