



Ronald McDonald
House Charities®
South Florida

GRANT APPLICATION FORM

1. ORGANIZATION

Name of Organization: _____
Tax ID or EIN #: _____
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?

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

Note: If you have received funding from RMHC of South Florida previously, you must wait at least two full years 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.

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.

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.

7. RMHC RECOGNITION

Briefly describe how Ronald McDonald House Charities will be recognized and acknowledge if grant is awarded to your organization (example, press releases and publicity opportunities, signage, logo on website, plaque, awards ceremony, etc)

GRANT CHECK LIST

This checklist will help you provide all necessary documents to be submitted for review.

Incomplete applications ***will not*** be reviewed by Grants Committee.

- _____ Cover Letter addressed to RMHC Board of Directors
- _____ Complete grant application
- _____ McDonald's endorsement letter
- _____ Organization's annual operating budget
- _____ Specific program budget
- _____ Audited or reviewed financial statements
- _____ Form 990
- _____ Form IRS 501 (c) (3) (for non profits)
- _____ Current list of Board of Directors

Email complete application and documents by **Friday, April 9, 2019**
to: grants@rmhcsouthflorida.org .

An email confirming receipt will be sent to the contact person on the application form.

Any questions, please call 786-476-2176