



2016 COMMUNITY GRANT APPLICATION

Thank you for your interest in Ronald McDonald House Charities® of Southern California (RMHCSC) Community Grants program. Attached is a four-page RMHCSC Community Grant application for 2016 funding consideration. Please include a cover letter on company letterhead to briefly outline the organization's grant proposal. The letter must be signed by a chief paid executive. Programs seeking RMHCSC funding should have a direct, measurable impact on the lives of Southern California children.

The completed grant application must be received, not postmarked, by **September 30, 2016**. All grant application questions should be answered in paragraph form. If you believe a more detailed description of your program is needed, you may submit additional pages in narrative form to provide further explanation. (Limit to two pages.) Please do not send videotapes or other materials. An RMHCSC representative will contact you if additional information is required. Each application will be evaluated based upon its merit and available funding for the specific fiscal year. There may be a site visit as part of the application and screening process. Organizations will be notified of their grant status in November. The Community Grants Board encourages organizations to reach out to their local McDonald's owner/operator, seek their support through a recommendation letter and inform them about current and future projects that make a difference in children's lives.

General Funding Guidelines

- The organization or service for which funds are sought must be located within the counties of Inyo, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura.
- The program must deal with civic needs, social services, education, the arts or healthcare issues to be eligible for funding.
- The program/service must directly help children in need age 21 years and younger.
- Funds must be used as seed money for start-up programs, funding for existing programs or funding for tangible goods such as buildings, supplies, medicine, etc.
- Requests for \$25,000 or more will not be considered. The average value of grants awarded is \$10,000.

Non-Funded Areas

The following areas of service will not be considered for funding by RMHCSC:

- Academic scholarships
- Administrative salaries or fees
- Advertising and fund-raising drives
- General expenses (overhead, office materials, travel, postage, etc.)
- Partisan and political programs

Application check list:

(ALL documents listed below MUST be included for consideration of your grant proposal.)

- Original completed grant application with appropriate signatures.
- Copy of 501(c) (3) classification letter from the U.S. Internal Revenue Service.
- Itemized budget for specific program funds requested in this application.
- Financial information (Requirements depend on amount requested. Please refer to section D.)
- Please be sure that part two of the application is reflective only for the **program/project** the funds are requested for.
- If not all board members contribute to the organization financially in some way, please explain. The board looks very closely at whether all of an organization's board provides some sort of financial assistance.

Please direct all correspondence to (Note the change of address):

Sarah Stanley, Grant Administrator Ronald McDonald House Charities of Southern California
Mail: c/o Porter Novelli, 5353 Grosvenor Blvd, Los Angeles, CA 90066
Telephone: (310) 754-4810, Fax: (310) 754-4142, Email: sarah.stanley@porternovelli.com



**Community
Grants Board**

2016 Community Grant Application

PART ONE: ORGANIZATION INFORMATION SUMMARY

A. General Information:

Legal name of organization

Address

City

State

Zip

Phone

Fax

Chief Paid Executive/Title

Chief Lay Officer/Title

Name and title of person submitting request

Phone

Email address of person submitting request

Does the organization have a 501(c) (3) IRS Classification from U.S. Internal Revenue Service?

Yes (***please enclose copy***) No (please explain below)

Tax ID Number: _____

B. Board of Directors Information

Do all board members serve without remuneration? Yes No (please explain below)

Number of persons serving on the board: _____

Number of board members making personal financial contributions to organization during past fiscal or calendar year (as applicable): _____

B. Board of Directors Information (cont.)

Please explain any extraneous circumstances which may prevent the entire board from making financial contributions.

C. General Organization Information

Briefly summarize, in narrative form, the objectives of the organization and the scope of its current service including the mission statement.

Summarize the organization's target population in measurable terms including who the primary audience is, how many are served, the age of the participants, where its programs are offered and the geographical range of your organization. *For example:* The organization serves 125 disabled children, ages 6-12, in South Central Los Angeles or 1,000 Hispanic high school students in Orange County.

D. Financial Information Summary

The following financial information must be included with submission of this application, depending upon the amount of funding requested:

- 1) **\$1.00 through \$4,999** - Grant requests must include documentation verifying cash balances as of the most recent fiscal year end (bank statement copies, copy of CD certificate, etc.) in addition to the most recent 990 tax return, unless your organization is not required to file.
- 2) **\$5,000 through \$19,999** - Grant requests must provide a compilation of financial statements for the most recent fiscal year end in addition to **two copies** of the most recent 990 tax return, unless your organization is not required to file.
- 3) **\$20,000 or greater** - Grant requests must provide a set of **audited** financial statements and **two copies** of the most recent 990 tax return, unless your organization is not required to file.

PART TWO: GRANT INFORMATION SUMMARY

E. Program/Project

Provide a brief description of the **program/project** for which funding is sought. Be sure to indicate who and how many will be served, over what time period and in what geographic area. Also, describe the need or problem to be addressed. Please attach a separate paper if necessary.

Identify the target population specific to the **program/project** that funding would support. Also, please include ethnic breakdowns (percentages) for the specific project. *For example:* The **program/project** will serve 50 homeless children, ages 6-12, in South Central Los Angeles. Of these children, 50% are African American, 20% are Hispanic, 15% are Caucasian, 10% are Asian and 5% are other.

Indicate the percentage of total youth who are served by the specific **program/project** for which funding is requested. (Services MUST directly help children in need age 21 years and younger) _____ %

List all counties that are impacted by the specific program/project for which funding is requested.

F. Budget

Please attach an **itemized** budget that outlines **ONLY** how the requested funds for **this specific program/project** will be used.

Amount requested from Ronald McDonald House Charities of Southern California: \$ _____

Total budget for this **program/project** (if the amount requested in this application is a portion of the total program/project budget): \$ _____

For example:

Amount requested from Ronald McDonald House Charities of Southern California: \$10,000

Total budget for the program/project (if the amount requested in this application is a portion of the total program/project budget): \$50,000

Itemized Budget

Program Item	Cost
<i>2,500 student math books</i>	<i>\$5,000</i>
<i>500 math wall charts</i>	<i>2,500</i>
<i>5,000 color workbooks</i>	<i>2,500</i>
TOTAL	\$10,000

Reminder: The following areas of service will **NOT** be considered for funding by RMHCSC: academic scholarships, administrative salaries or fees, advertising and fund-raising drives, general expenses including overhead, office materials, travel and postage and partisan and political programs.

G. Evaluation

How will you determine the impact of this program/project? For example, will you survey parents and children? Compile attendance figures or appraise the physical improvements? Please be specific.

H. RMHCSC Background

If funded, how would your organization recognize this donation from RMHCSC?

Has your organization ever received a contribution from any national or local McDonald's charity in the past?
Yes No If so, how was the funding used?

Please name the McDonald's or RMHCSC representative in your area who is familiar with your program/project.

Contact: _____
Title/Affiliation: _____
Street Address: _____
City: _____
Telephone: _____

Does your organization have a written non-discrimination policy and does it practice non-discrimination in employment of staff, recruitment of volunteers and delivery of services. Yes No

This application must be signed by a board officer (lay person) **AND** the staff officer to whom future questions and correspondence may be addressed. Signatures attest to the accuracy of the information. Any figures which are estimated should be marked (*).

Signature _____ Date _____ Signature _____ Date _____

Title of lay officer _____ Title of staff officer _____

Please return your completed application and attached information to:
Ronald McDonald House Charities of Southern California, c/o Porter Novelli
5353 Grosvenor Blvd, Los Angeles, CA 90066