



RONALD MCDONALD HOUSE CHARITIES
NEW YORK TRI-STATE AREA, INC.

*** GRANT APPLICATION ***

All fields are required, unless otherwise noted

Contact Information

Organization Name

Mailing Address

City

State

Zip Code

County

Primary Contact Person

Honorific

Title

Phone Number

E-Mail Address

McDonald's Owner/Employee Endorsement
(Not required)

McDonald's Contact Phone Number
(If applicable)

To what extent have you worked with your McDonald's contact? (If applicable)

Organization Information

Legal Name of Organization

As it appears on 501(c)(3)

Employer ID Number (EIN)

Organization Type

Organizational Mission Statement

Brief Description of Organization: Background and Significance

Please familiarize us with your organization, e.g., how and when it was founded, whom it serves, your primary endeavors, etc. *Please limit your response to the space provided below so that all information is visible on your final printed version.*

Proposal Request

Project Name

Requested Amount

Program Area

Type of Support

Number of Children Served: How many children would benefit from this particular project?

Target Population: Age(s) of Children Served *(in percentages)*

0-3 yrs.

4-8 yrs.

9-12 yrs.

13-18 yrs.

19-21 yrs.

All ages

Target Population: Demographics of Children Served *(in percentages)*

Aboriginal %

Arabic/Middle Eastern %

Asian %

Black/African
Descent %

Black/Caribbean %

Caucasian %

East Indian %

First Nation %

Hispanic %

Latino %

Maorio %

Multi-Racial %

Native
American %

Native Hawaiian/
Pacific Islander %

Other %

All ethnicities %

Previous Funding

Has your organization received
funding in the past from RMHC
NYTSA?

If yes, please list all previous funding (month/year) and amount(s).

Yes

No

Project Objectives and Aims

Briefly state the broad, long-term objectives of this project, and describe what the project in this application is meant to accomplish. *Please limit your response to the space provided below so that all information is visible on your final printed version.*

Project Description

Provide a detailed description of the need or problem to be addressed with this project, how the project will address those needs, the specific purpose of the funds requested, and what is unique about your project. *Please limit your response to the space provided below so that all information is visible on your final printed version.*

Project Evaluation

Indicate how your organization will evaluate the program if funded, e.g., survey, questionnaire, test results, etc. *Please limit your response to the space provided below so that all information is visible on your final printed version.*

Future Funding

Describe your plans for funding this project in the future. If other funding sources are already in place, please include that information in the fields below. *Please limit your response to the space provided below so that all information is visible on your final printed version.*

Other Funding

Has your organization applied for funding from other grantors for this project?

If yes, please list pending and/or secured funding for this project.

Yes

No

RMHC NYTSA Grant Application Checklist

Please include this completed checklist with your application.

ALL OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN DUPLICATE:

Cover Letter: On stationery, signed by the senior management official, briefly outlining the organization's background, the nature of the proposal and request, a concise description of the needs, the specific purpose of the funds requested, and the amount requested.

Endorsement letter from a McDonald's employee or licensee, or RMHC Trustee (if applicable). Letters of endorsement are not required for grant consideration.

IRS 501(c)(3) Letter of Determination

Completed RMHC NYTSA grant application

Specific Project Budget: This must be a detailed account of the proposed cost of your project (not your total programming budget). Your detailed Project Budget must specify how the requested grant monies will be allocated, and must equal the amount of grant monies you are requesting. Failure to itemize proposed expenditures may result in the decline of your application.

Organization's Operating Budget

Organization's Balance Sheet

Organization's Audited Financial Statements

Organization's most recently filed IRS Form 990

Past Donor Information: A list of private, corporate and foundation support over \$500 during the past 12 months. If this information is embedded in above mentioned financial documents, please submit a separate sheet with your list of Past Donors.

Board of Directors list

Follow-Up Report: If you have received previous funding from RMHC NYTSA, you must include two copies of your previous grant's Follow-Up Report with this application. Simply indicating that you have submitted a Follow-Up Report does not satisfy this requirement. The omission of your previous grant's Follow-Up Report may result in the dismissal of this current application from grant consideration.

One original and one duplicate set of all documents on this checklist.

This completed checklist: Verifying that you acknowledge and are including all required information.

Postmark Deadline: Please select one

April 1 (For review in June)

August 1 (For review in October)

December 1 (For review in February)

Please mail your application and documents to:
Ronald McDonald House Charities New York Tri-State Area, Inc.

ATTN: Grants
111 Wood Avenue South, Suite 400
Iselin, NJ 08830