**2025 GRANT APPLICATION**

**Up to $20,000**

*Please review the Grants Program Guidelines at keiro.org/grants*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organizational Information and Contact** | | | |
| Name of Organization: Click or tap here to enter text. | | | |
| Mission:  Click or tap here to enter text. | | | |
| Mailing Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | | Zip Code: Click or tap here to enter text. |
| Phone Number: Click or tap here to enter text. | | Fax Number: Click or tap here to enter text. | |
| Federal Tax ID Number: Click or tap here to enter text. | | Website Address: Click or tap here to enter text. | |
| Type of Organization (Please check one box below):  501(c)(3) Not-For-Profit Organization  Religious Organization  Community Group (under fiscal sponsorship\*)  Other: Click or tap here to enter text.  \*If under fiscal sponsorship, name of sponsoring organization: Click or tap here to enter text. | | | |
| Name of Chief Organizational Leader: Click or tap here to enter text. | | | |
| Grant Contact for this application: Click or tap here to enter text. | | | |
| Grant Contact Title: Click or tap here to enter text. | | Phone Number: Click or tap here to enter text. | |
| Grant Contact Email Address: Click or tap here to enter text. | | | |

|  |  |
| --- | --- |
| Annual Organizational Operating Budget: Click or tap here to enter text. | |
| Total Project Budget: Click or tap here to enter text. | Funding Request from Keiro: Click or tap here to enter text. |
| Purpose of Request:  New Program  Program Development  Capacity Building  Core Operating Support | |

|  |
| --- |
| **Proposed Program/Project** |
| **Program/Project Title:** Click or tap here to enter text. |
| Briefly describe your program/project:  Click or tap here to enter text. |

|  |
| --- |
| **Question 1: Demographics** |
| **1a: Who is your target audience? How many Japanese American and Japanese-speaking older adults and/or caregivers is the program/project expected to serve?** |
| Click or tap here to enter text. |
| **1b: Why has this target audience been selected? What challenge(s) do they face that you are trying to address?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Question 2: Quality of Life** |
| **Which element(s) of quality of life for your members and/or your community will be enhanced by your program/project?**  Keiro quality of life element(s) addressed. (Only select up to two. If two are selected, indicate in your answer below which is the primary element being addressed).  Health/Wellness  Connectedness  Security  Purpose  Autonomy  Describe how the quality of life element(s) will be addressed by your program/project:  Click or tap here to enter text. |

|  |
| --- |
| **Question 3: Measurable Outcomes** (Goals, Objectives, and Evaluation) |
| **3a: What is the goal(s) that you will accomplish with this program/project?**  *List up to 3 goals for your program/project. Goals should be: specific, measurable, attainable, realistic, and time-bound.* |
| Click or tap here to enter text. |
| **3b: How will you measure progress towards your goal(s)?**  *What actions will you take to make progress towards your goal(s)? What measurements (quantitative and/or qualitative) will you collect to show that you are making progress?* |
| Click or tap here to enter text. |
| **3c: How will you evaluate if your program/project has successfully enhanced the quality of life of your target audience?**  *What evaluation metrics and/or tools (quantitative and/or qualitative) will you use? How will you implement evaluation?* |
| Click or tap here to enter text. |

|  |
| --- |
| **Question 4: Implementation Timeline** |
| **Describe your program/project implementation timeline and, if the project is a program or service, the frequency or occurrence of the program/service.**  *Funding will be announced by February 2025, and the funding period will be up to 10 months (March 1, 2025 through December 31, 2025).*  Implementation timeline:  Click or tap here to enter text.  Frequency of program/service:  Click or tap here to enter text. |

|  |
| --- |
| **Question 5: Funding** |
| **5a: Please elaborate on your organization’s primary sources of funding for this program/project.**  *(Fundraising, membership, grants, etc.) Do you have other means to secure funding/support for this program/project?* |
| Click or tap here to enter text. |
| **5b: Would you continue to conduct the program/project without funding from Keiro? Please elaborate.**  *Why is support from Keiro needed for the program/project?* |
| Click or tap here to enter text. |
| **5c: Describe how you would adjust your program/project budget if you were to receive partial funding from Keiro.**  *List your priority area(s) and/or line item(s) for funding. How would you address the shortfall in funding?* |
| Click or tap here to enter text. |

|  |
| --- |
| **Question 6: Sustainability** |
| **Keiro funding after the 10-month period is not guaranteed. If you wish to sustain this program/project, describe how your organization plans to support the continuation of this program/project and maintain it into the future.**  Click or tap here to enter text. |

**Required Attachments**

List of Board of Directors or Steering Committee

Total organizational annual operating budget

Project budget outlining how project expenses will be allocated

*Please complete the Keiro Grants Program Project Budget worksheet. If your organization uses a different project budget format, you may also submit it as an attachment to the worksheet.*

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 of your program/project

If fiscally sponsored by another organization, a letter of support from the fiscal sponsor

**Additional Attachments (optional)**

Optional: Organization history with programs and services for older adults and/or caregivers listed

Optional: Compilation, Review, or Audited Financial Statements, if applicable

Optional: Surveys to show demonstrated need for program/project

Optional: Research studies, newspaper articles or reports justifying need

**Application Submission Guidelines**

Please submit all application materials electronically to [grants@keiro.org](mailto:grants@keiro.org).

Mailed hard-copy applications will be accepted, but applications must be received by the submission deadline. If mailing hard copies, please notify Keiro staff by emailing [grants@keiro.org](mailto:grants@keiro.org), and mail hard copy to the address below:

Keiro

ATTN: Grants Program

420 East 3rd 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](mailto:grants@keiro.org).

**Application Submission Deadline**

Applications will be accepted until **5:00 p.m. PDT on Friday, September 6, 2024**. We encourage early submission. Exceptions will not be made. Grant awards will be announced by February 2025.

For more information, please contact Heather Harada, Director of Strategy, at 213.873.5711 or [grants@keiro.org](mailto:grants@keiro.org).