RONALD MCDONALD HOUSE CHARITIES
of SE Michigan

GRANT APPLICATION
MISSION STATEMENT

Ronald McDonald House Charities seeks, finds and supports programs that directly improve the health and well-being of children

PRINCIPLES OF THE GRANT PROGRAM

Standards of our program are to:

• help children live healthier, happier and more productive lives
• encourage excellence
• expect accountability
• become the premiere children’s charity
• health care and medical research; education and the arts; civil and social services

CRITERIA

All applications must:

• provide two (2) completed, typed copies of your grant proposal - (if grants are in pen or pencil they will not be accepted). DO NOT STAPLE OR BIND (WITH THE EXCEPTION OF FINANCIALS) ANY PORTION OF THE APPLICATION AND ITS CONTENTS. PAPER CLIPS CAN BE USED.
• have a one- or two-page cover letter on your stationery, signed by the senior management official, briefly outlining your grant proposal.
• have a copy of the Internal Revenue Service ruling of the organization’s tax-exempt status under Section 501 (c) (3) – this form must state that you are 501c3 in the content of the letter from the Department of the Treasury/Internal Revenue Service. Please list your tax id number if it is not shown on your 501c3 form or any of your other documents.
• *see criteria needed for public schools, churches and city/government offices
• produce projects within Michigan for children under the age of 18.
• have donors’ list, showing all private, corporate and foundation support during the past 12 months. PLEASE DO NOT INCLUDE NAMES OF INDIVIDUAL DONATIONS – A TOTAL OF INDIVIDUAL DONATIONS IS ALL WE NEED
• have a project goal attainable within one (1) year of the application.
• have a detailed budget specifically outlining the amount and purpose of the funds you are requesting from Ronald McDonald House Charities.
• have a copy of your latest fiscal year’s audited, reviewed, or compiled financial statements (or within 18 months of this date). If you do not have audited financial statements, please provide your tax form 990.
• include an evaluation plan to measure the project outcome and have measurable objectives.
• attempt to obtain a letter of endorsement from the McDonald’s representative(s) familiar with your organization and project.
• complete all application sections.

*Public Schools need to provide a letter from the superintendent’s office under his/her signature stating that he/she is aware of the grant and that you are tax-exempt as a public school.
*Churches need to include a letter from the minister/pastor on their letterhead stating that he/she is aware of the grant and that you are tax-exempt as a religious organization along with a copy of the group exemption. If Catholic organization, please include a copy of the page in the Catholic Directory listing your organization.

*City/government offices need to include a letter from the Mayor’s office or City Manager’s office under their signature on their letterhead stating that he/she is aware of the grant and that you are tax-exempt as a city/government organization.

**Priorities**

Priority will be given to applications that:
- collaborate with existing providers/agencies, if appropriate.
- demonstrate efficient use of funds with a broad-based funding resource.
- have reasonable budget line items.
- completes all application questions with clear detail.
- uses comprehensive approaches that are based on careful assessment and thoughtful planning.
- document expertise in providing services to the target populations.
- measure success and failures through an evaluation tool.
- demonstrates capable, committed staff and/or volunteers.
- demonstrates an ongoing funding potential.

**Allowable Projects/Items**

Projects may include, but are not limited to:
- educational programs to instruct and motivate students.
- mentoring programs.
- teaching aids, educational materials.
- community focused, cultural and educational programs, such as puppet shows, educational drama, camps, etc.
- parent education and support programs.
- medical and health related programs, in and out of hospitals.
- hospital equipment for children.
- housing/furnishings for children’s centers

**Restrictions**

Funding will not be provided for:
- advertising or fundraising drives.
- partisan, political or denominational programs.
- general and administrative costs.
- intermediary funding agencies.
- endowment campaigns.
- Ongoing salaries or travel expenses.
- requests that are not in writing.
- the same program within a twelve-month period.
**REVIEW PROCESS**

Grant requests must be submitted according to the standard application format provided. Recommendations are then made to the Board. The Board of Directors meets in February, May, August and November. Please check the website [www.rmhc-detroit.org](http://www.rmhc-detroit.org) for grant deadline dates before each meeting.

Incomplete, late applications, or those that lack information necessary for adequate review, will be returned to the applicant until such information is received.

**ADDITIONAL INFORMATION**

Each grantee will be required to conduct the activity stated in the application. Any changes to the approved project will be valid only if made in writing and accepted by the Board of RMHC. Each grantee will be required to submit a final report within thirty (30) days of the completion of the project. The final report will include:

- a description of activities delivered.
- how close the grantee has come to meeting the stated goal and objectives, including the final financials on the project.
- implementation and service delivery success and problems.

Failure to comply with these requirements will cause the organization to be ineligible for future funding from any RMHC grant program.

A wide range of factors, such as timing, circumstances of events or funding of major projects, can affect consideration of a proposal. **IN THE EVENT THAT A GRANT REQUEST IS DECLINED, IT SHOULD NOT BE VIEWED AS A REJECTION OF THE APPLYING ORGANIZATION, ITS STAFF OR VOLUNTEERS.**

**COMPLETED GRANT APPLICATIONS NOT RECEIVED FORTY-FIVE (45) DAYS PRIOR TO THE QUARTERLY BOARD MEETING WILL BE CONSIDERED AT THE FOLLOWING MEETING.**

Please return two (2) original copies of your completed application to the following address:

Please feel free to contact me with any questions or comments.

Ronald McDonald House Charities of SE MI
Kelly Donaldson, RMHC of SE Michigan Grant Chair
3911 Beaubien Street, Detroit, MI 48201
Phone: 313-745-5911
Fax: 313-993-0399
e-mail: kelly991@yahoo.com
[www.rmhc-detroit.org](http://www.rmhc-detroit.org)
RONALD MCDONALD HOUSE CHARITIES OF OUTSTATE MICHIGAN

GRANT APPLICATION

1. ORGANIZATION:

Name of Organization: _____

Project Title:

Address:

City/State/Zip:

Telephone:

Contact:

Title:

Email:

Specific amount requested: $ _____

Have you, in the past, or are you now considering applying for grant monies from another chapter or the National Ronald McDonald House Charities?

_____ Yes  _____ No

If so, please state which chapter you are applying to and the amount you are requesting.

Have you discussed this grant request with a McDonald’s representative in your area?

_____ Yes  _____ No

If so, McDonald’s contact:

Title/position:

Address:

City/State/Zip:

To what extent have you worked with the McDonald’s representative?
Please remember that your request will receive the same consideration whether or not you have had contact with McDonald’s.

2. **BUDGET:**

Specific amount requested from Ronald McDonald House Charities: $ _____

Include: itemized budget for this project and total program, your current sources of income and expenses, a balance sheet for the past year and contributions from other institutions or organization, if any.

3. **TARGET POPULATION:**

Please summarize your target population in measurable terms (i.e.; who the primary audience is, how many will be served, how old are the recipients, and where the program is offered, and the geographic range of your organization.) For example: 125 physically impaired children, ages 6-12, throughout Michigan, or 100 Hispanic high school seniors in Saginaw. **Important: Please include the demographics (i.e., percentage of African-American, Hispanic, Caucasian, etc.) Our national organization requires this for their records only.**

4. **HISTORY:**

Please provide us with a brief history of your organization.

5. **SUMMARY:**

Please provide a concise description of the need or problem to be addressed. Include the overall goals and purposes of your organization (or specific department concerned), the specific purpose of the funds and how the objectives will be accomplished. Also, what is unique about your program?

6. **EVALUATION:**

How will you determine the impact of this project? For example, a survey of parents and children, appraisal of physical improvements or attendance figures. Please be specific.
*REMEMBER: In submitting your grant application, you must include your organization’s latest audited financial statement and a letter from the IRS stating your tax exempt status.

RONALD MCDONALD HOUSE CHARITIES
CHECKLIST

BE SURE TO INCLUDE TWO (2) ORIGINAL COPIES WHEN SUBMITTING YOUR APPLICATION.
(ENCLOSE THIS CHECKLIST WITH YOUR APPLICATION)

IF ANY OF THE FOLLOWING ITEMS ARE NOT INCLUDED WITH YOUR APPLICATION, WITH THE EXCEPTION OF THE MCDONALD’S ENDORSEMENT, YOUR GRANT WILL BE PUT IN A PENDING FILE AND A LETTER WILL BE SENT SHOWING ITEMS EXCLUDED. THIS COULD DELAY THE GRANT PROCESS AND YOUR GRANT MAY NOT BE HEARD AT THE FOLLOWING MEETING, BUT WILL BE HEARD AT THE NEXT MEETING IF ITEMS ARE RECEIVED IN A Timely MANNER.

____ COVER LETTER
____ MCDONALD’S ENDORSEMENT (OPTIONAL)
____ IRS 501 (C) (3) FORM
____ BUDGET AND FINANCIAL STATEMENTS (INCLUDING BALANCE SHEET)
____ TITLE OF NOT-FOR-PROFIT ORGANIZATION
____ TITLE OF PROJECT
____ PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR
____ MAILING ADDRESS AND TELEPHONE
____ BACKGROUND AND SIGNIFICANCE
____ OBJECTIVES ANDAIMS
____ TARGET AUDIENCE AND PERFORMANCE SITES
____ EVALUATION
____ PAST DONOR INFORMATION