



We are pleased to send you an application for funding from the Ronald McDonald House Charities. McDonald's® founder Ray A. Kroc taught his family to share its success with others, a philosophy that has characterized McDonald's community commitment since 1955. The establishment of Ronald McDonald House Charities® (RMHC) in Ray's memory confirmed our commitment to children everywhere.

It is the mission of Ronald McDonald House Charities of Kentuckiana® (RMHCK) to provide a home away from home for families of children receiving healthcare at Louisville medical facilities while also lending support to other organizations who aid children. Grants are made in the areas of healthcare, medical research, education and social responsibility.

Guidelines are provided to help your organization prepare a successful grant application. Please study them carefully and include with your proposal all the information requested. Grant applications must be received 30 days prior to a grant committee meeting. Please visit our website at www.rmhc-kentuckiana.org for upcoming committee meeting dates. **Per new government guidelines our employer identification # is 31-1053467.**

Thank you for your interest in Ronald McDonald House Charities of Kentuckiana. The success of our mission depends upon the success of our partnerships with organizations like yours.



RONALD McDONALD HOUSE CHARITIES OF KENTUCKIANA GENERAL GUIDELINES

Programs will be evaluated on the merits of:

- Consistent and effective management
- Clear goals and objectives
- A broad base of support
- A demonstrated ability to respond to the needs of specific groups of children in a manner that yields measurable results
- Requests for specific program support

Areas not funded include:

- Advertising or fundraising drives
- Partisan, political or denominational programs
- Salaries, travel expenses, or general and administrative costs
- Intermediary funding agencies
- Endowment campaigns
- Requests that are not accompanied with a grant application

Grant recipients must be classified as 501(c)(3)

Grant requests are not typically funded in excess of \$5,000.

Ronald McDonald House Charities of Kentuckiana, Inc., typically does not grant outside the following counties of Kentucky: Barren, Bullitt, Carroll, Grayson, Green, Hardin, Hart, Henry, Jefferson, Larue, Lawrence, Marion, Meade, Nelson, Oldham, Shelby, Taylor, and Washington. And the following counties of Indiana: Clark, Floyd, Jefferson, Scott, and Washington.

Ronald McDonald House Charities of Kentuckiana, Inc. typically does not give grants to the same organization in consecutive years.

A follow up evaluation is required **60 days** from the time when funds are utilized by the recipient to ensure that the applicant has complied with the intent of the grant.

GENERAL INSTRUCTIONS

Use English only and avoid unusual abbreviations. **Type** directly on this application, single-spaced. If you need more room, use standard white bond (8 1/2" x 11"). Use standard black type that can be photocopied. Draw all graphs, diagrams, tables and charts in black ink.

Your application form should include all items listed under "Specific Instructions." Please do not send videotapes, magazine articles, books or other collateral material at this time. An RMHCK representative will contact you if additional information is required.

Once completed, please send the application in a folder in an envelope. If any of these documents are not included, your application will be considered incomplete and the review will be delayed indefinitely or declined.

SPECIFIC INSTRUCTIONS

The folder should include the following items as part of the application (see below)

1-A: Not-for-profit Organization Submitting Application.

1-B: Title of Project. Choose a title that is descriptive and specifically appropriate rather than general.

1-C: Project Director/Principal Investigator. Indicate all titles and degrees that are most relevant to the proposed project, such as Professor or Director of Pediatric Care.

1-D: Mailing Address and Telephone.

1-E: Specific Amount Requested from RMHCK. Indicate the dollar amount your organization is requesting from RMHCK and a **detailed budget totaling to this amount.**

1-F: McDonald's Endorsement. If a McDonald's representative is familiar with your organization, please provide the contact information for that individual. This will assist us with evaluation. Disregard this portion of the application if you have no contact with a McDonald's representative. Your application will be given equal consideration.

1-G: Target Audience and Performance Sites. Summarize your population in measurable terms, i.e., who the primary audience is, how many will be served, how old the participants are, where the program will be offered, and the geographic range of your organization. Indicate where the program will take place, including states, hospitals, schools, etc.

1-H: Background and Significance. Briefly include a background of the not-for-profit organization that is submitting the application.

1-I: Objectives and Aims. State the broad, long-term objectives and describe concisely and realistically what the research or program described in this application is intended to accomplish.

1-J: Description of Project. 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 your objectives will be accomplished. Moreover, what is unique about your program?

1-K: Evaluation of Program. Indicate how your organization will evaluate the program if funded, such as questionnaires, surveys, etc.

1-L: RMHC-K Recognition. Indicate how your organization will recognize RMHCK for its contribution to your program.

The folder should also include the following items in the order in which they are listed:

1. Cover Letter: A one or two-page cover letter on your stationary, signed by the senior management official, briefly outlining your proposal with the request.
2. IRS 501(c)(3) Form.: A copy of the Internal Revenue Service ruling of the organization's tax-exempt status. Letters must be clearly dated, indicating the name of the organization, and specifying that it has been granted charitable tax-exempt status. Please note that if applicants are using other agencies' 501(c)(3) status, please clearly indicate which 501(c)(3) status letter applies to the organization, and why the application is being submitted under different status.
3. Budget and Financial Statements: **A detailed budget that specifically outlines all funds that you are requesting from RMHCK.** This includes all direct and total costs for the first year of the program (if applicable) and direct and total costs of the entire proposed project period. Also, include the current year's operating budget, which should list basic categories of revenues and expenses, and complete audited financial statements including balance sheet for the organization (please do not include your 1099 IRS form).
4. Past Donor Information: A donor's lists, showing all private, corporate and foundation support during the past 12 months. Also, include a list of the organization's board of directors.
5. Board of Directors: A current listing of the members of the organization's board of directors.

Acknowledgment Of Receipt

RMHCK acknowledges proposals within 30 days of receipt by letter. However, proper investigation and assessment of your application may take up to 90 days.

Awarding Of Grants

All Committee decisions on requests are reported by mail. The applicants whose proposals have been approved will receive a Letter of Agreement outlining the terms and conditions of the grant. An authorized organization official must sign and return the letter to RMHCK, thereby indicating acceptance of the terms and conditions of the award. This letter will also highlight arrangements for payment of the grant.

Responsibility Of Recipient

The recipient of any grant from RMHCK must use the funds awarded for the specific purpose for what they were originally intended. RMHCK requires that a detailed accounting of all funds along with a follow-up report be submitted no more than **60 days** from the time when funds are utilized. If all funds are not utilized within 60 days, RMHCK requires a monthly statement be sent until all funds are depleted. Any funds not used in the above manner specified will be returned to RMHCK.

For Further Information

Please address all correspondence to:

Attn: Rhonda Pait
Ronald McDonald House Charities of Kentuckiana
550 South First Street
Louisville, Kentucky 40202
502.561.7657
rhonda@rmhc-kentuckiana.org

Thank you for your interest in RMHCK. We look forward to hearing from you.

APPLICATION FORM

DATE: _____

1-A: NAME OF ORGANIZATION _____

EMPLOYER ID # _____

1-B: PROJECT TITLE _____

**1-C: PROGRAM DIRECTOR/
PRINCIPAL INVESTIGATOR** _____

1-D: MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COUNTY _____

TELEPHONE NUMBER _____

WEBSITE ADDRESS _____

**1-E: SPECIFIC AMOUNT REQUESTED
FROM RMHCK** _____

(Please include all budget information in the second section of this application.)

1-F: McDONALD'S CONTACT _____

TITLE/POSITION _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER _____

You may disregard this section if you do not have a McDonald's contact. All applications will be given equal consideration.

1-G: TARGET POPULATION AND PROGRAM SITE:

Please summarize your target population in measurable terms, i.e., who the primary audience is, how many will be served, how old are the participants, and where the program will be offered, and the geographic range of your organization. Indicate where the program will take place, including hospitals, schools, etc.

1-H: BACKGROUND AND SIGNIFICANCE

Briefly include a background of your organization.

1-I: OBJECTIVES AND AIMS

State the broad, long-term objectives and describe concisely and realistically what the program or research described in this application is intended to accomplish.

1-J: DESCRIPTION OF PROJECT

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 your objectives will be accomplished. Moreover, what is unique about your program.

1-J (a) If funded, when you expect to begin the project/research?

1-J (b) When do you expect the project/research to be complete?

1-K: EVALUATION

Indicate how your organization will evaluate the program if funded, such as questionnaires, surveys, etc.

1-L: RMHCK RECOGNITION

Indicate how your organization will recognize RMHCK for its contribution to your program.

Grant Follow-Up Report

If your proposal is approved, you will be required to address the following questions within 60 days from the time when funds are utilized. This allows Ronald McDonald House Charities to ensure RMHCK grants are used to their full potential.

1. Has the need been met or problem solved? Please include updated information about the project (number of people served, new programs or opportunities, etc.)
2. Did the project follow the objectives? If not, why?
3. Has the project been modified since the proposal was presented to RMHCK?
4. Have there been major changes in timetables for project development, implementation, and completion? What were the reasons for such changes?
5. Has the personnel involved in the project proved to be adequate in numbers and qualifications? Has additional staff or staff with different qualifications been required?
6. Have any plans for cooperation with other institutions or groups been implemented successfully? If not, what have been the reasons?
7. What have been your methods of evaluating this project?
8. What was the impact of the project on your organization and on those people it was designed to serve? Has the project led to the development of similar ones in other organizations?
9. Include complete financial reporting of the grant.
10. Did it really make a difference?

Dear Grant Recipient:

Part of the Ronald McDonald House granting process is the completion of the RMCH Global Matching Grant Application. This form cannot be completed and monies cannot be granted until you provide us with the following Target Population demographics. If your organization does not track this information, please provide an educated guess.

Total number of children to be served: _____

% of children that fall into specific demographic groups:

_____ % African-American

_____ % Native-American

_____ % Caucasian

_____ % Hispanic-American

_____ % Asian-American / Pacific Islander

_____ % Other _____

Please return this form when you return the verification receipt form or fax to the number mentioned below.

Thank you

Rhonda Pait
Administrative Assistant
Ronald McDonald House
550 S. First Street
Louisville, KY 40202
(502) 561-7657 – office
(502) 581-0037 – fax

Rhonda\Grants 2006\Demographics