

Ronald McDonald House Charities® of Central Pennsylvania

745 West Governor Road
Hershey, PA 17033-2304
717-533-4001

On the web at www.rmhc-centralpa.org

GRANT APPLICATION FORM

1. ORGANIZATION _____ DATE OF APPLICATION _____

Name of Organization: _____ EIN # _____

Project Title: _____

Address: _____

City/Zip Code: _____

Telephone: _____ E-mail Address: _____

Contact: _____

Title: _____

Specific amount requested from RMHC: \$ _____

REMEMBER: Please include your organization's latest audited financial statement and a letter **{501(c)(3) form}** from the IRS stating your tax-exempt status.

Please name the nearest McDonald's representative in your area.

McDonald's Contact: _____

Title/Position: _____

Address: _____

City: _____

Telephone: _____

To what extent have you worked with the McDonald's representative?

II. ORGANIZATION BACKGROUND

Include a brief history of your organization.

III. 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 the objective will be accomplished. Moreover, what is unique about your program?

IV. BUDGET

Specific amount requested from RMHC: \$_____

Please include an 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 organizations, if any.

V. TARGET POPULATIONS AND PERFORMANCE SITE(S)

Please summarize your target population in measurable terms; that is, who the primary audience is, how many will be served, how old are the participants, where the program will be offered, and the geographic range of your organization.

Required information: TOTAL Number of children to be served and percent of children that fall into specific demographic groups: % African-American, % Native-American, % Caucasian, %Hispanic-American, % Asian-American / Pacific Islander, % Other.

VI. EVALUATION

How will you determine the impact of this project if funded? (For example, a survey of parents and children, appraisal of physical improvements or attendance figures) Please be specific.

VII. PLEASE RETURN THIS APPLICATION TO:

Ronald McDonald House Charities of Central PA
Attn: Patrice Stillwell
745 West Governor Road
Hershey, PA 17033-2304

or email application to: pstillwell@rmhc-centralpa.org