



**Ronald McDonald House Charities of Bismarck Grant Application Form  
(Application Postmark Deadline: 9/15/08)**

**I. Organization Information:**

Name of Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

Contact Individual: \_\_\_\_\_

Email address: \_\_\_\_\_

Fiscal Agent (if applicable) \_\_\_\_\_

**Specific Amount Requested from RMHC: \$** \_\_\_\_\_

**II. Past Funding:**

Have you received RMHC or RMCC funding in the past? \_\_\_\_\_

When and how much? \_\_\_\_\_

If so, please explain how that funding was used by your organization:

Please name the nearest McDonalds Restaurant location in your organization's area:

**III. Brief History of Organization:**

Please describe the background of your organization and its impact on the community:

**IV. Program/Project Summary:**

Provide a concise description of the need or problem to be addressed, the specific purpose of the funds requested and what is unique about your project. (Please note: RMHC does not review requests which include either direct or indirect operating costs.)

Please check the description that best fits your program/project:

- Civic & Social Services
- Education & the Arts
- Healthcare & Medical Research

**V. Target Population & Performance Sites:**

Please summarize your target population in measurable terms, including who the audience is, how many will be served, age of participants, their nationality, and the number and percentage who fall into specific ethnic groups, (i.e., Native American, African-American, Hispanic).

**VI. Program/Project Budget:**

Please indicate the specific amount requested, along with an itemized budget of your program or project; please include in the space below, or attach as an addendum. If it is not included, your application will not be reviewed).

**The specific amount requested from RMHC:**     \$ \_\_\_\_\_

**VII. Additional Funding:**

Ronald McDonald House Charities evaluates each grant application and makes a final determination in one of four possible ways:

- Approve the full amount requested;
- Approve partial funding of the program/project;
- Table the decision to await further information and/or clarification, which will then be reviewed at an upcoming meeting of the Grant Review Committee; or
- Decline the request

If your organization receives partial funding for this project, will additional funding be sought from external sources, or will the organization make an internal funding commitment? Please explain:

**VIII. Evaluation:**

Indicate how your organization will evaluate the program, if funded, i.e., survey, questionnaire, test results, etc.

**IX. Permission to Use Your Name:**

If your organization receives funding from RMHC, will you allow us to use your organization's name and/or other details about your specific project in promotional material produced by RMHC (which may include, but is not limited to in-store signage, tray liners, direct mail, radio, newspapers, TV, etc.)?

Yes \_\_\_\_\_

No \_\_\_\_\_

Would you also display a certificate of RMHC logo if funded?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature of Authorized Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_