

# Ronald McDonald House Charities of Mississippi, Inc.

## Grant Procedures

Following is the Ronald McDonald House Charities of Mississippi, Inc. (RMHC of MS) grant application. After reading the Guidelines for Giving, if you believe your organization is eligible for a grant, please follow the directions carefully and complete the grant application and send the application and all required materials to:

[RuthAnn@RMHCMississippi.org](mailto:RuthAnn@RMHCMississippi.org)

OR

Ronald McDonald House Charities of Mississippi, Inc.  
Attn: Community Grants Committee  
2524 North State Street  
Jackson, MS 39216

DEADLINE FOR RECEIPT OF APPLICATION: **October 31, 2016**

In 1985, our incorporated, non-profit Board was founded to operate the Ronald McDonald House located in Jackson on the campus of University of Mississippi Medical Center. The Ronald McDonald House provides a temporary “home-away-from-home” for families who have children in local medical facilities. In June 1996, on an international level, Ronald McDonald House merged with Ronald McDonald Children’s Charities thus expanding our mission and forming Ronald McDonald House Charities.

In this expanded role, we use the expertise we’ve gained and the network we’ve built over the years to provide grants to not-for-profit organizations that share our interest in issues affecting Mississippi’s children and families.

**Projects that receive financial support from RMHC of Mississippi during the 2016 grant cycle should focus on protecting / improving the health of pediatric-age individuals (birth – 21 years,) as defined by National Association of Pediatric Nurse Practitioners (NAPNAP.)**

**Funding for 2016 will be awarded as follows:**

- Grant will not exceed \$5,000 per project.

## Ronald McDonald House Charities of Mississippi, Inc. Guidelines for Giving

These guidelines will help your organization prepare a comprehensive grant application. Please study them carefully and be sure to include all requested information with your proposal. Although your organization may send a completed application, we unfortunately cannot fund all programs – some applications may be declined.

### **Funding Considerations**

To be considered for funding, an organization must be designated as not-for-profit / tax-exempt as defined under IRS code. RMHC of Mississippi, Inc. is most interested in organizations that have:

- Consistent and effective management
- Clear goals and objectives
- A broad base of funding support
- A request for funds for specific program/project support
- Projects that receive financial support from RMHC of MS during the 2016 grant cycle must focus on protecting / improving the health of pediatric-age individuals.

### **RMHC of MS does not fund:**

- Partisan, political or denominational programs
- General and Administrative costs, as typically defined in accounting protocols
- Endowment campaigns
- Ongoing salaries or travel expenses
- Requests that do not follow RMHC of MS grant guidelines and/or format.

### **Awarding of Grants**

All decisions on requests are reported by postal delivery or electronic mail. Notification will be no later than December 16, 2016. The notification letter will highlight arrangements for payment of the grant. 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 RMHC of MS, thereby indicating acceptance of the terms and conditions of the award.

### **Responsibility of Recipient**

The recipient of any grant from RMHC of MS must use the funds awarded for the specific purpose for what they were originally intended within 12 months of date the funds are received. RMHC of MS requires that a detailed accounting of awarded funds along with a follow-up summary report be submitted no more than eighteen (18) months from the date funds are received. Any funds not used in the above manner specified must be returned to RMHC of MS.

# Ronald McDonald House Charities of Mississippi, Inc.

## Grant Application Guidelines

You may duplicate the application form on your computer; however, it must look like our application, page for page. Page layout should be 8 ½" x 11"; single spacing; with black text color. Use English and avoid unusual abbreviations. Do not include any items that cannot be photocopied. If a topic or question is not applicable to your organization/project, please respond NA (NOT APPLICABLE.) Please do not send video production, magazine articles, books or other collateral material at this time. A Ronald McDonald House Charities of Mississippi, Inc. representative will contact you if additional information is required.

### **SPECIFIC INSTRUCTIONS**

- A Organization Submitting Application  
Legal name. Also, list all dba (doing business as) names or names which the community identifies with you.
- B Title of Project  
Choose a title that is descriptive and specifically appropriate rather than general.
- C Project Contact  
Give name of person completing the grant application AND person who will implement the project, if different person is completing the application.
- D Mailing Address, Telephone, and E-mail Address  
Information should be for the agency and for person who can answer questions about the grant and project.
- E Specific Amount Requested from RMHC of MS  
Indicate the dollar amount your organization is requesting.
- F Start Date and Implementation Date, if funded by RMHC of MS  
Self-explanatory
- G Background  
Briefly describe the background history of the not-for-profit organization submitting application. Include overall goals and mission of the organization.
- H Description of Project  
Please provide a concise description of the need or problem to be addressed. Include the overall goals and purpose of the project, the specific purpose of the funds, and how your objectives will be accomplished. Moreover, what is unique about your project?

# Ronald McDonald House Charities of Mississippi, Inc.

## Grant Application Guidelines

### Specific Instructions *continued*

#### I Target Audience and Performance Sites

Summarize your target population in measurable terms, i.e., who the primary audience is, how many will be served, how old are participants, where the program will be offered, and the geographic range of your organization. Include appropriate percentages for demographic groups.

#### J Project Evaluation

Indicate how your organization will evaluate the project, if funded (i.e. questionnaires, surveys, etc.) Summary reports of this evaluation will be due within eighteen (18) months of the receipt of awarded funds.

#### K Previous Grants

Provide a history of grants received during the past 24 months, whether it is for the project you are seeking funding for in the application or whether it is for other project(s).

#### L Cover Letter

A one or two-page letter on agency stationery, signed by the agency executive leader and/or president of the non-profit Board of Directors, briefly outlining the organization; the nature of the request; and concise description of the need and purpose of the funds requested.

#### M IRS Status Letter

Include a copy of the Internal Revenue Service's ruling of the organization's tax-exempt status under Section 501 (c) (3) or other document proving tax exempt status and your Tax ID Number. Letter must be clearly dated, with the name of the organization and specify that it has been granted charitable tax-exempt status.

#### N Audited Financial Statements

Include the most recent audited financial statements or copy of most recent IRS 990.

#### O Project Budget

Include an itemized budget for the project. Identify specifically all funds that you are requesting from RMHC of MS. This includes all direct and total costs for the first year of the project (if applicable) and direct and total costs of the entire proposed project period. In addition, please indicate how this project will be funded in following year(s).

#### P Board of Directors

Include a list of the organization's current Board of Directors indicating officers of the Board.

Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
Identification

A NAME OF ORGANIZATION:

\_\_\_\_\_

B PROJECT TITLE:

\_\_\_\_\_

C PROJECT CONTACT(s):

\_\_\_\_\_

D MAILING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Office \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDESS: \_\_\_\_\_

E SPECIFIC AMOUNT REQUESTED FROM RMHC of MS: \$ \_\_\_\_\_

F PROJECT'S ANTICIPATED START DATE: \_\_\_\_\_

Will this project be implemented if it is not funded by RMHC of MS?

\_\_\_\_\_ yes

\_\_\_\_\_ no

Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
Background

Agency Name: \_\_\_\_\_

G ORGANIZATION BACKGROUND:

Include a brief history / background about your organization.

Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
Project Description

Agency Name: \_\_\_\_\_

H DESCRIPTION OF PROJECT:

Please provide a concise description of the need or problem to be addressed. Include overall goals and purpose of the project, the specific purpose of the funds, and how your objectives will be accomplished. Moreover, what is unique about your program?

Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
Target Audience

Agency Name: \_\_\_\_\_

I TARGET AUDIENCE AND PERFORMANCE SITES:

Please summarize your target population in measurable terms. Tell us who the primary audience is, how many will be served, how old are participants, where the program will be offered, and the geographic range of your organization. (i.e. 125 physically impaired children ages 6 – 12 throughout a target county.)

Please complete the following demographic information. Percentage (%) of children:

\_\_\_\_\_ % African-American

\_\_\_\_\_ % Asian-American / Pacific Islander

\_\_\_\_\_ % Caucasian

\_\_\_\_\_ % Hispanic-American

\_\_\_\_\_ % Native-American

\_\_\_\_\_ % Other

Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
Project Evaluation

Agency Name: \_\_\_\_\_

J EVALUATION METHODS:

Indicate how your organization will evaluate the project, if funded.

Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
Previous Grants

Agency Name: \_\_\_\_\_

K Has your organization received a grant(s) in the past 24 months? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

List the following information for grants received during the last 24 months:

<u>Grantor Name, Address &amp; Phone #</u>	<u>Project Name</u>	<u>\$ Amount of Grant</u>
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Ronald McDonald House Charities of Mississippi, Inc.  
GRANT APPLICATION  
CHECKLIST  
(Include this page with your application)

Agency Name: \_\_\_\_\_

- L    \_\_\_\_\_ COVER LETTER
- \_\_\_\_\_ APPLICATION – IDENTIFICATION
- \_\_\_\_\_ APPLICATION – BACKGROUND
- \_\_\_\_\_ APPLICATION – PROJECT DESCRIPTION
- \_\_\_\_\_ APPLICATION – TARGET AUDIENCE
- \_\_\_\_\_ APPLICATION – PROJECT EVALUATION
- \_\_\_\_\_ APPLICATION – PREVIOUS GRANTS
- M    \_\_\_\_\_ IRS STATUS LETTER
- N    \_\_\_\_\_ MOST RECENT AUDITED FINANCIAL STATEMENTS  
      OR  
      IRS FORM 990
- O    \_\_\_\_\_ PROJECT BUDGET
- P    \_\_\_\_\_ LIST OF BOARD OF DIRECTORS