



QUEENSCARE

**Charitable Division
GRANT APPLICATION**

| | | | |
|----------------------------|-------|---------------------|------------|
| Applicant Name: | _____ | Date Submitted: | _____ |
| Program Name: | _____ | Year Established: | _____ |
| Address: | _____ | Tax ID Number: | _____ |
| City: | _____ | State: _____ | Zip: _____ |
| Telephone: | _____ | Fax: | _____ |
| Contact Person: | _____ | Title: | _____ |
| Email Address: | _____ | Executive Director: | _____ |
| Grant Amount Requested: \$ | _____ | Website: | _____ |

Please provide a **brief** summary of the program (not to exceed three pages), including the population to be served (age, sex, ethnicity, income level, geographic region, etc.), the purpose of the grant, project objectives, term, a definition of desired outcomes and how they will be measured, funding sources after the grant period, and any other pertinent information. The items listed below must also be attached to the application form:

- Cover letter on letterhead signed by Board Chair
- Mission Statement
- List of Board of Directors
- Board meeting schedule
- IRS Determination Letter
- Proposed Program Budget
- Agency Budget
- Organization Chart
- Audited Financial Statements (Tax Form 990 may be substituted if an audit is not performed.)
- Qualifications of key project personnel

List additional funding sources for **this program** with amounts and any special terms:

| | |
|-------------------|-------------------|
| 1. _____ \$ _____ | 4. _____ \$ _____ |
| 2. _____ \$ _____ | 5. _____ \$ _____ |
| 3. _____ \$ _____ | 6. _____ \$ _____ |

Mail correspondence to:

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