



**Charitable Division  
GRANT APPLICATION**

Applicant Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Program Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Please provide a **brief** summary of the program (not to exceed 2,000 words). Be specific in describing the program the grant will support and how the grant will be used. Also include the program objectives, term of the program, a definition of desired outcomes and how they will be measured, funding sources after the grant period, and any other pertinent information. Please use a line-item program budget.

**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:

**QueensCare  
Charitable Division**  
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