

TO WHOM IT MAY CONCERN:

Thank you for your interest in Ronald McDonald House Charities of North Carolina, Inc. (RMHC). In order to review your request for funding, we request that you complete the accompanying RMHC grant application form.

**The following information MUST be submitted with your application:**

1. A one or two-page cover letter on your organization's stationery, signed by the senior administrator, briefly outlining your proposal.
2. A copy of the IRS 501(c)(3) letter of tax exempt status for your organization, if applicable.
3. A copy of your organization's most recent audited or unaudited financial statements or tax returns.
4. A donor's list showing all private, corporate, and foundation support, and where possible, the specific amounts from each entity from the most recent fiscal year.
5. A letter of endorsement from a McDonald's representative.

If any of the above information is not submitted with the application, your application is considered incomplete and will not receive consideration. If your organization has previously been awarded a grant from RMHC of NC, you are eligible to submit a new funding request no sooner than three years from the date of your last successful request.

Please submit two (2) copies of your completed application packet to me at Ronald McDonald House Charities of North Carolina, Inc., 4601 Six Forks Road, Suite 200 Raleigh, NC 27609. Be sure to include all collateral items listed above. Please DO NOT send magazine articles, videotapes or other material. If additional information is required, an RMHC representative will contact you to request specific information.

Please note the deadlines for the submission of funding requests: **April 30 and September 30 of each year.** These are the dates your proposal must be received at the above address, NOT the date on the postmark. The Grant Review Committee will review your application at their meeting the month following the deadline.

All organizations will be notified of final decisions within ten business days following the Grant Review Committee's recommendations to the Ronald McDonald House Charities of North Carolina, Inc.'s Board of Directors.

If you have any questions or need further information, please call me at 919/326-6299, voice mailbox number 1635.

Sincerely,

Lesa T. Cox  
Administrative Assistant

**RONALD McDONALD HOUSE CHARITIES  
OF NORTH CAROLINA, INC.**

**GRANT APPLICATION FORM**

I. INFORMATION ON ORGANIZATION:

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

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

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

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

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

Phone Number(s): \_\_\_\_\_

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

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

Years in Existence: \_\_\_\_\_

II. RONALD McDONALD HOUSE CHARITIES INFORMATION

Have you received RMHC or RMCC funding in the past? Yes\_\_\_ No\_\_\_  
*If you checked YES, please explain how that funding was used by your  
organization by completing Page 5 of this application.*

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

To what extent, if any, have you worked with a McDonald's representative?

Please complete the following:

McDonald's Contact Individual: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_

III. BRIEF HISTORY OF YOUR ORGANIZATION:

IV. SUMMARY of the specific program or project for which you are requesting RMHC funding.

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

\_\_\_\_\_ Education and the Arts

\_\_\_\_\_ Civic and Social Services

\_\_\_\_\_ Healthcare and Medical Research

V. TARGET POPULATION

Please describe the target population in measurable terms, including who the audience is, how many children will be served, their ages, their nationality, and number and percentage who fall into specific ethnic groups (i.e., African American, Hispanic)

VI. BUDGET for specific program or project. (Please include the amount requested below, along with an itemized budget of your program, which you may include in the space below, or attach as an addendum.)

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

VII. ADDITIONAL FUNDING

RMHC of North Carolina evaluates each grant application and makes a final determination in one of four possible ways:

- Approve the full amount as requested.
- Approve partial funding for 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 Committee, or
- Deny the request

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

What action will your organization take if funding is denied from RMHC?

VII. 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 \_\_\_\_\_

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

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

Date of Submission: \_\_\_\_\_

VIII. EXPLANATION OF PREVIOUS RMCC/RMHC FUNDING

*(Please complete the following if you checked 'yes' under Item II on page 1 of this application)*

Name of project/program for which previous funding was used:

Amount awarded by RMHCC/RMHC (Please attach a complete financial report reflecting how your organization utilized the funding.)

What need was met or problem solved by this program/project?

What means were used to ensure the overall effectiveness and/or success of the program/project?

How many children were served by this program/project?

Is this program/project still in operation at this time? Why or why not?

Was there any collaboration with another organization on this program/project?

Has additional staff, or staff with different qualifications been required since implementation of this program/project?

What was the impact of the program/project on your organization and on the children it was designed to serve?

Did the grant from RMCC/RMHC really make a difference? Why or why not?

Charity Must:

Benefit children  
Show consistent and effective management  
Have a broad base of funding support  
Have demonstrated the ability to respond to specific target populations in a manner  
which yields measurable results.

Typically Not Funded:

Ronald McDonald Houses  
Salaries or travel expenses  
Construction costs  
Advertising Costs  
General and Administrative Costs  
Intermediary funding agencies  
Endowment campaigns  
Requests not made in writing