

**RONALD MCDONALD HOUSE CHARITIES  
OF KNOXVILLE, TENNESSEE, INC.**

1705 W. Clinch Ave., Knoxville, TN 37916

(865) 637-7475

**RONALD MCDONALD HOUSE CHARITIES  
Grant Application Form  
Page One**

**A-1: NAME OF ORGANIZATION** \_\_\_\_\_

**A-2: EMPLOYER ID NUMBER (EIN)** \_\_\_\_\_

**B-1: PROJECT TITLE** \_\_\_\_\_

**C-1: PROGRAM DIRECTOR/  
PRINCIPAL INVESTIGATOR** \_\_\_\_\_

**D-1: MAILING ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIPCODE** \_\_\_\_\_

**TELEPHONE**  
(include area code) \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**E-1: SPECIFIC AMOUNT  
REQUESTED FROM RMHC \$** \_\_\_\_\_

**Please include all budget information in the second section of the application.  
If it is not included, your application will not be reviewed.**

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**Grant Application Form**

**Page Two**

**F-1: TARGET POPULATION AND PERFORMANCE SITES**

Please summarize your 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, Asian, etc.)

**G-1: ORGANIZATION BACKGROUND AND SIGNIFICANCE**

Briefly describe the background of your organization.

**H-1: OBJECTIVES AND AIMS**

State the broad, long-term objectives and describe concisely what the program in this application is intended to accomplish.

**I-1: DESCRIPTION OF PROJECT**

Provide a brief description of the need or problem to be addressed, the specific purpose of the funds requested and what is unique about your project / program.

**J-1: EVALUATION**

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

**RONALD MCDONALD HOUSE CHARITIES  
CHECKLIST**

**(Include this checklist with your application)**

- \_\_\_ **COVER LETTER**
- \_\_\_ **IRS 501 ( c ) (3) DETERMINATION LETTER**
- \_\_\_ **BUDGET AND FINANCIAL STATEMENTS**
  - Operating Budget**
  - Specific Project Budget**
  - Most Recent Audited Financial Statements and/or 990**
- \_\_\_ **TITLE OF NOT-FOR-PROFIT ORGANIZATION**
- \_\_\_ **TITLE OF PROJECT**
- \_\_\_ **PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR**
- \_\_\_ **MAILING ADDRESS AND TELEPHONE NUMBER**
- \_\_\_ **ORGANIZATION BACKGROUND AND SIGNIFICANCE**
- \_\_\_ **OBJECTIVES AND AIMS**
- \_\_\_ **DESCRIPTION OF PROJECT**
- \_\_\_ **TARGET AUDIENCE AND PERFORMANCE SITES**
- \_\_\_ **EVALUATION**
- \_\_\_ **PAST DONOR INFORMATION**
- \_\_\_ **LIST OF BOARD OF DIRECTORS**
- \_\_\_ **NINE COPIES OF YOUR COMPLETED REQUEST**