

**RONALD MCDONALD HOUSE CHARITIES
OF THE CAPITAL REGION**



GRANT REQUIREMENTS & GUIDELINES

Thank you for your interest in Ronald McDonald House Charities of the Capital Region (RMHC). The following information will help guide you through the grant application process. If you have questions after reviewing these materials or are uncertain that your program or project meets our grant requirements, please contact Meaghan Pinkowski at MPinkowski@RMHCofAlbany.org or (518) 438-2655.

General Requirements

The RMHC grant program provides funding to nonprofits whose programs benefit children and their families in the areas of health and wellness, education, and social responsibility.

In addition, for a grant application to be considered, the following requirements must be met:

- The proposed program or project must benefit children and families in the Capital Region and/or the areas of Southern Vermont and Western Massachusetts served by our local McDonald's Co-op.
- Applicants must be registered as a 501(c)(3) not-for-profit, tax-exempt organization as defined under IRS guidelines.
- Organizations must provide evidence of sound fiscal and administrative management.
- Organizations must demonstrate financial need related to the proposed program or project.

Special Circumstances

The following guidelines apply to **sub-organizations affiliated with 501(c)(3) non-profits**:

- Financial data from both the applying sub-agency and the oversight organization must be submitted in support of the grant application.
- Grant funding will be allocated exclusively to the organization or sub-agency with 501(c)(3) tax status.
- The oversight organization is required to submit a letter, signed by an officer of that organization or its executive director, stating their relationship to the applying sub-agency.

In the case of **public and private schools**, the following guidelines must be observed:

- PTAs and similar school governing bodies will be considered sub-organizations of the school and are subject to the requirements outlined above.
- Core-curriculum programs, field trips, and school team sports are beyond the scope of our grant guidelines.

The following guidelines apply to **day care programs**:

- Day care programs will only be funded if the grant addresses a specific and unique need of the community at large.
- Use of sliding scale fees must be detailed in the grant application, if applicable.
- The day care program must have a current state license.

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Time Frame for Applying

- Grant applications are considered twice a year. The deadlines for submission are February 15 and August 15.
- Organizations may apply for a grant once every other year. After two successful grant awards within a 3-year span, applicants must wait at least four (4) years before reapplying. If a grant request is denied, the applicant must wait two (2) years before reapplying. Should a grant request be tabled, the applicant may resubmit an application for the next grant cycle.

Exclusions

RMHC grants do not fund the following:

- General operating or administrative costs, such as salaries, travel, capital campaigns, endowment campaigns, fundraising, or advertising
- Partisan, political, or denominational programs
- General/medical research
- Playgrounds not accessible to the general public
- Curriculum-based school programs, field trips, or team athletics
- Intermediary funding agencies

REVIEW PROCESS

A committee of business and civic leaders, McDonald's owner/operators, and RMHC corporate officers oversees the grants program. Upon receipt of the completed application, an RMHC representative will contact you to arrange for a site visit.

Once site visits are completed, the Grant Committee meets to review all applications. The committee then presents its recommendations for funding to the Board of Directors, who vote to approve, deny, or table the applicants' grant request. Grant applicants will be notified of the Board's decision by mail within four months of the application deadline.

The organizations whose proposals have been approved will receive two copies of a Letter of Agreement outlining the terms and conditions of the grant. The executive director or an officer from the organization must sign and return both copies to RMHC, thereby indicating acceptance of the terms and conditions of the award. A countersigned copy of the Letter of Agreement will be returned to the organization for their records.

FISCAL RESPONSIBILITY OF RECIPIENT

The recipient of any grant from RMHC must use the funds awarded for the specific purpose for which they were originally intended. Any request for changes in the appropriation of funds or the timeline for project completion must be submitted in writing for RMHC approval prior to utilizing grant funding. Any funds not used in the specified manner must be returned to RMHC as outlined in the Letter of Agreement.

Midway through the term of the grant, RMHC requires a progress report on the program/project. Upon expiration of the grant, RMHC requires the grantee to submit a detailed accounting of all funds, along with the RMHC Grant Impact Questionnaire, within 30 days from the grant expiration date.

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GRANT APPLICATION PREPARATION & SUBMISSION

All applications should be printed on standard (8½ x 11”) white bond paper, single-spaced and single-sided (including any financial reports), and all pages should be numbered. Use as many pages as needed to answer the questions. Your submission should follow the RMHC application format exactly.

Applicants must submit one original and 12 hard copies of the completed application and all additional required attachments to RMHC. The only exception is that only 5 copies of the financial statements requested in Section P are required.

Do not send DVDs, videos, magazine articles, books, or other collateral material with your application. An RMHC representative will contact you if additional information is required.

If any of the items required are not included, your application will not be considered.

QUESTIONS

Should you have any questions about the application process or requirements, please contact:

Meaghan Pinkowski
RMHC Program Support Staff
(518) 438-2655
mpinkowski@rmhcofalbany.org

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GRANT APPLICATION

A. NAME OF ORGANIZATION

B. PROGRAM/PROJECT TITLE

C. CONTACT INFORMATION

Program Manager	Phone Number
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Fax Number	E-Mail
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D. MAILING ADDRESS

CITY/STATE/ZIP CODE

COUNTY

E. SPECIFIC AMOUNT OF GRANT MONIES REQUESTED FROM RMHC*

\$ _____

**Please see section N of this application for detailed budget requirements. If this information is not included, your application will not be considered.*

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F. TARGET POPULATION TO BE SERVED BY PROPOSED PROGRAM/PROJECT

Number of children: _____

Age range of children: _____

Number of children with special needs: _____

Demographics (This information is required by our Global offices and is used for reporting purposes.)

_____ % African-American

_____ % Native American

_____ % Asian-American/Pacific Islander

_____ % Hispanic American

_____ % Caucasian

_____ % Multiracial

G. ORGANIZATIONAL INFORMATION

1. Briefly describe the mission and goals of your organization.
2. Provide a brief summary of your organization's history and its accomplishments, including any awards received.
3. Briefly describe current programs and activities offered by your organization.

H. DESCRIPTION OF PROPOSED PROGRAM/PROJECT

Provide a concise description of:

1. The proposed program/project
2. The need or problem to be addressed by the proposed program/project
3. The specific purpose for which grant funds would be used
4. Any unique characteristics of your program/project, if applicable

I. PROGRAM/PROJECT GOALS, TIMETABLE, AND EXPECTED OUTCOMES

1. State in measurable terms the short- and long-term objectives of the proposed program/project, as well as its expected outcomes.
2. Specify the target date for implementation of the program/project.
3. Summarize how the grant would enhance or expand your program.

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J. EVALUATION

1. Indicate how your organization will evaluate the outcome of the program/project (e.g., survey, data collection, etc.).
2. If this is a continuation of an existing program/project, please submit your most recent evaluation.

K. OTHER FUNDING/FUTURE FUNDING

1. Describe your plans for funding this program/project in the future, if applicable.
2. Please indicate whether other funding sources for the proposed program/project are already in place, and if so, identify the funding source.
3. If RMHC were to award only partial funding, please describe your plan and timetable for raising the balance of the funds.

L. PREVIOUS FUNDING FROM RMHC

1. Indicate whether your organization has received prior grants from RMHC.
2. Please provide dates, amounts, and name of programs/projects previously funded.

M. RMHC RECOGNITION

Indicate how your organization will recognize RMHC for its grant funding (e.g., plaque, newsletter announcement, social media, press conference, etc.). Upon expiration of the grant, proof of recognition must be submitted with the required Grant Impact Questionnaire for all funded programs/projects.

GRANT ATTACHMENTS

N. BUDGET

1. Total operating budget
 - a. Percentage of operating budget allocated for Administration: ____
 - b. Percentage of operating budget allocated for Programming: ____
 - c. Percentage of operating budget allocated for Fundraising: ____
2. Program/project budget
3. Itemized grant-specific budget detailing exactly what the grant monies will be used to fund (Application will not be considered if this information is missing.)
4. In the event we are unable to fulfill your request in the full amount, please indicate which items in the proposed grant budget are top priorities. (Application will not be considered if this information is missing.)

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O. IRS 501(c)(3) LETTER OF DETERMINATION

Submit a copy of the Internal Revenue Service ruling on your organization's tax-exempt status under Section 501(c)(3). Letters must be clearly dated, indicating the name of the organization applying for funding.

P. FINANCIAL STATEMENTS (5 copies)

Please submit independently audited financial statements for each of the last two fiscal years. If these are not available, please submit the Form 990 for each of the last two fiscal years. If audited financial statements are not available, an officer of your organization must certify that the balance sheet presented in the Form 990 accurately reflects the financial position of your organization as of the close of that fiscal period.

Q. ORGANIZATIONAL SUPPORT

Please provide information on the diversity of your organization's supporters. List private, corporate, and foundation donors, and any contributors who have given more than \$500 to your organization over the past 12 months.

R. BOARD OF DIRECTORS

Include a current list of your organization's Board of Directors.

S. STATE LICENSING (for Daycare Providers)

Submit an up-to-date copy of your daycare license and the most recent state-generated review of your program.

T. COUNTERTERRORISM COMPLIANCE CHECKLIST (see page 8)

U. Were you referred by a member of the RMHC staff or board of directors, or by a McDonald's owner/operator?

Yes ____ No ____

If yes, who referred you? _____

APPLICATION SUBMISSION

For your grant application to be considered, you must **mail** all required materials to:

Meaghan Pinkowski
Program Support Staff
RMHC
139 South Lake Avenue
Albany, NY 12208



Office of Foreign Assets Control (OFAC) Compliance

Ronald McDonald House Charities of the Capital Region, Inc. (RMHC) requires that each RMHC Grantee certifies that it complies with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws.

ORGANIZATION NAME: _____
(Print Partner Agency Name)

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____ Date: _____

Signature: _____ Date: _____