

GRIMES KING

FOUNDATION FOR THE ELDERLY, INC.

NEW GRANT APPLICATION GUIDELINES

WHO WE ARE

OUR MISSION STATEMENT:

The Grimes-King Foundation for the Elderly, Inc. addresses the quality of life of low-income elderly women of African-American descent in the Boston area. The Foundation's primary commitment is to:

1. Support program efforts concerned with meeting the housing, health care, transportation, social service and mental health needs of the Foundation's beneficiaries.
2. Promote greater understanding of relevant social and economic policy issues in order to encourage development of needed resources.

OUR VISION:

The Grimes-King Foundation will work as a change agent, advocating for low-income elderly women of African descent, and also act as a catalyst to develop needed resources to meet their needs. It will leverage its resources through partnerships and focus funding.

OUR FUNDING CONSIDERATIONS & PARAMETERS:

1. The Grimes-King Foundation primarily funds direct program services benefitting our constituents. However, under special circumstance, we will consider funding well-defined administrative expenses and/or capital requirements.
2. Our grants range in size from \$5,000 to \$20,000. We generally make one-year grants. Multi-year grants are by invitation only.
3. The Board appreciates grantees who acknowledge Grimes-King Foundation grants awarded, and recognizes the added value collaborations offer to expand access and improve service delivery.
4. Budget Narratives must delineate – by line item - the expenditures related to the activities for which you are seeking Grimes King funding.
5. If your organization is a part of a national or regional organization, your budget narrative must include the amount that the national or regional organization contributes to your efforts, generally, and to the initiative we are asked to fund.

SECTION B. GRANT APPLICATION FORM

NEW APPLICANT INSTRUCTIONS

OVERVIEW:

The Grimes King Foundation's Board thanks all of our grantees for your efforts to improve the quality of life for elders throughout Boston. We are particularly grateful to you for your continued support of elderly women of African descent.

TO BEGIN:

We ask that you complete the attached ***Grant Application Form*** describing the program or organizational initiative for which funding is requested. Please use this form to tell your story essentially summarizing the difference a grant from the Foundation will make to the services benefitting members of our constituent group. Please also describe how your project aligns with the Grimes King Foundation's mission, and service to our target population of elderly women of African-American descent. Thank you for keeping your Grant Application to no more than three (4) pages. These four pages do not include the required attachments. Applications that are incomplete, will not be considered for funding.

THE DEADLINE for submittal is: Friday, May 8, 2020 at 5:00 p.m.

The Board annually meets in June to make funding decisions, and you will be notified by July.

HOW TO SUBMIT:

Please submit your application, budget and budget narrative electronically to:

Email: Grants@grimesking.org

Please mail **ONE** copy of required attachments to our mailing address at:

PO Box 301863, Jamaica Plain, MA 02130-9998

QUESTIONS:

As we continue to operate as a volunteer organization, please submit questions via email to gkfdnweb@gmail.com and we will as quickly as possible. Thank You!

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GRANT APPLICATION GUIDELINES ~ NEW APPLICANTS

I. COVER SHEET

ABOUT YOU:

- A.** Organization Name: _____
- B.** Primary Contact's Name: _____ Phone: _____
Email: _____ Website: _____
- C.** Your Mission Statement: _____
- D.** Your Total Organizational Budget for the current fiscal year: \$ _____
- E.** Total # of Board Members: _____ Total # of Staff: _____ Total # of Volunteers: _____
- F.** Your Tax Exempt Status:
- 1.** Are you an IRS 501(c) (3) nonprofit? (Please check) YES _____ NO _____
If no, please provide the following information about your fiscal sponsor
- 2.** Organization's Name: _____ EIN # _____
- 3.** Address: _____
- 4.** What amount or % of the grant requested will be paid to the fiscal sponsor? \$ _____
- G.** Please list your top three funding sources and the amount these funding sources contribute to your budget:
- | | |
|----------------------|----------|
| 1. Name _____ | \$ _____ |
| 2. Name _____ | \$ _____ |
| 3. Name _____ | \$ _____ |
- H. YOUR FUNDING REQUEST:**
- 1.** Amount Requested: \$ _____
- 2.** Type of Request (Please circle the one that applies)
Operating Funds **Project** **Capital** **Other**
- 3.** How many elderly, women of African descent: (a) do you plan to serve through the project grant requested? # _____ (b) How many are served by your organization # _____
- 4.** Who will oversee the services/program(s) funded by the Grimes-King grant? _____
- I.** Where do your constituents live? In priority order, please list the top three Boston neighborhoods served.
- 1) _____
- 2) _____
- 3) _____

II. PROPOSAL NARRATIVE

PROGRAM DATA: (Your narrative of the program to be funded should not exceed 3 pages in 12-point font)

1. What are the goals and specific objectives of the project for which funding is requested?
2. How will this initiative or program design . . .
 - Further engage elderly women of African descent (our “constituent group”)?
 - Encourage and support their participation in activities that will enhance the quality of their lives?
 - Support their ability to remain in their homes?
 - Provide needed tangible supports such as access to transportation, food, health care and other important resources?
 - Provide services and supports not mentioned above? Any other goals you may have for this group that are not listed above?
3. What outreach activities/events will you use to increase participation rates of elderly women of African descent living in the Boston neighborhoods you serve?
4. What problem(s) or issue(s) does your initiative address that meet the needs of our constituents?
5. In addition to programs aimed at meeting their financial/most basic requirements, our constituent group must have access to programs/activities addressing their following needs if they are to live the fullest, most joy-filled lives possible: social, political, physical/mental, cultural, intellectual, and spiritual. Please tell us here how the program—for which you seek funding—will enrich lives in one or more of the areas noted above.

OTHER

1. Please identify other Boston-based organizations with which you collaborate—who serve elderly women of African descent—noting those which are also funded by the Grimes-King Foundation.
2. Please describe the programmatic initiatives stemming from these collaborations.
3. Do you plan to expand upon one or more of these collaborative efforts? Yes: _____ No: _____
If yes, how will this expansion benefit program participants?
4. Please describe the ways in which you will recognize the Grimes King Foundation’s support on electronic and print media, should your project be awarded a grant?

III. PLEASE MAIL ONE COPY OF THESE REQUIRED ATTACHMENTS

1. IRS Determination Letter for your organization or your fiscal sponsor -
2. List of Board Members and their affiliations
3. **Project Budget – Mail and submit electronically via email**
4. **Project Budget Narrative – Mail and submit electronically via email**
5. Organizational Budget
6. Most recent 990 Form.