



**Q Foundation for Kids**®

# Grant Application

*Please use reverse side if additional space is required for your responses.*

## 1. General Information

A. Organization Name \_\_\_\_\_

B. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

C. Contact Name for this Application \_\_\_\_\_

D. Contact Title \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Contact Email Address \_\_\_\_\_

E. Date grant request is submitted \_\_\_\_\_

## 2. Needs Statement

A. What are the needs or problems to be addressed by this grant? \_\_\_\_\_

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B. Brief description of purpose for which grant is requested \_\_\_\_\_

- C. Location for which grant is requested \_\_\_\_\_
- D. Target population, number of individuals, and geographic area that will benefit from this proposal \_\_\_\_\_
- E. Grant amount requested (**USD**) \_\_\_\_\_

**3. Project Information**

- A. How will the program/project for which the grant is requested be implemented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. What is the timeframe in which the grant funds requested are to be used? \_\_\_\_\_  
\_\_\_\_\_
- C. Method to evaluate program/project effectiveness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Procedure(s) to limit the use of grant funds for the support of patients or proposed patients in the Shriners Hospitals for Children system, clinics or outreach facilities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Past Performance**

- A. Have you previously received funding regarding the area of concern in this request? If so, when, for how much and from whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Have you requested funding from other sources regarding the areas of concern in this grant request? If so, when, how much and from whom?

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C. What was the funding for? \_\_\_\_\_

D Did you accomplish your goals? (Yes or No) \_\_\_\_\_

E. Did you accomplish them within the budget established? (Yes or No) \_\_\_\_\_

F. If you did not accomplish your goals, what will you do differently this time to ensure that you will meet the goals and remain within budget? \_\_\_\_\_

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5. Who will be managing grant funds if awarded?

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Agreement

I certify to the best of my knowledge, that all information included in this proposal is correct. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. I further certify that the proceeds of this grant will not be used to support activities other than those specified in this grant application or to support any organization other than those identified above.

**Grant Applicant**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**