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**APPLICATION FOR  
EXTENDICARE FOUNDATION GRANT**

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Organization \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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We have reviewed the contents of this Application and certify the accuracy of the information provided.

We agree to gather information as requested by the Extendicare Foundation. This may include:

- ◆ progress reports
- ◆ final report
- ◆ copy of monitoring and evaluation tools
- ◆ copy of all products developed

We acknowledge that the grant period will be for the period stated in the grant award. Continuation of the project, if appropriate, will be the responsibility of the organization.

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Organization President's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

PART I      GUIDELINES FOR REVIEW AND APPROVAL

1. A complete Application is necessary for a grant request to be reviewed and approved. All appropriate signatures, attachments, and information need to be submitted before the Application will be reviewed.
2. The Application must be related to one of the areas of primary interest which the Extencicare Foundation has stated in its mission.
  - \_\_\_\_\_ (1) Research, education or informational services relative to Alzheimer Disease and related dementias.
  - \_\_\_\_\_ (2) Quality of life or quality of care programs within nursing & rehabilitation centers having replication value.
  - \_\_\_\_\_ (3) Caregiver education programs for caregivers in long term care.
3. Since the Extencicare Foundation is supported by fund-raising by the employees of Extencicare Health Services (Extencicare Health Facilities), priority will be given to Applications which:
  - \_\_\_\_\_ (1) Involve or collaborate with Extencicare sites, or
  - \_\_\_\_\_ (2) Provide services in geographical areas served by Extencicare.
4. Generally, the Extencicare Foundation does not consider more than 1 grant per organization per 12-month period.
5. The following programs, projects, and organizations are outside the giving policies of the Extencicare Foundation:
  - Capital Campaigns
  - Fund-Raising Campaigns
  - Political Organizations
  - Individuals
  - Administrative or Overhead Costs
  - Day to Day Operating Expenses
  - For-Profit Organizations
6. A complete Application should be sent to the Extencicare Foundation at the address below. Deadlines for applications are March 31, June 30, September 30 & December 31. All Applications are reviewed at quarterly meetings of the Board of Directors.

Send Extencicare Foundation Grant Applications to:  
Extencicare Foundation  
111 W. Michigan Street  
Milwaukee, WI 53203  
Phone: 800-395-5000 Fax: 414-908-8507

PART II ORGANIZATION OVERVIEW

1. State the primary mission of your organization.
2. Information about a primary contact person for this project.

Name	Title
Phone	FAX

3. What services does your organization presently provide?
4. Provide a brief description of the target population your organization is designed to serve.
5. Provide information about the current operating budget for the organization outlining expenses and sources of revenue.

PART III GRANT PROJECT OVERVIEW

6. Briefly describe your project. Further details about the project are requested in question 10.
7. Project name (IF APPLICABLE): \_\_\_\_\_
8. Starting date of project: \_\_\_\_\_
9. State the name(s) and location(s) of the Extencicare facility or office your organization is planning to collaborate with for this project.
10. In five pages or less, describe your project. The project description should include the following information:
  - ◆ Identify the target population - to be served by this project (suggested length: 1 paragraph)
  - ◆ Problem or need to be addressed - What services are currently available to address this problem or need? What is needed? How will this project attempt to solve the problem? (suggested length: 2-3 paragraphs)

- ◆ Staffing issues - number of full/part-time staff and volunteers needed to implement the project. How will staff/volunteers be recruited, if needed? Roles and responsibilities of project personnel? (Suggested length: 2 paragraphs)
- ◆ Goals and objectives - What is the desired outcome of the project? What are the action steps and the time lines for the project to be implemented? (Suggested length: 1-2 pages)
- ◆ Materials to be used/developed - as applicable, training materials, promotional materials, brochures, etc. (Suggested length: 1-3 paragraphs)
- ◆ Project monitoring and evaluation - How will you determine if you are meeting your project goals and objectives? How will you measure the impact on the target population? (Suggested length: ½ page)
- ◆ Replication value - How will other sites be able to use the outcomes of this project? (Suggested length: ½ page)

PART IV BUDGET INFORMATION

11. Total proposed project budget: \$ \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

12. Provide a detailed budget for the project.

- ◆ Revenues and expenses
- ◆ Indicate areas requested from the Extencicare Foundation.

PART V ATTACHMENTS

13. The following information, as applicable, should be attached:

- ◆ Copy of annual report and list of Board of Directors.
- ◆ Organization's most recent audited financial statement and IRS Form 990.
- ◆ Copy of IRS federal tax exemption letter.

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**Extencicare Foundation, Inc.**

- \* Established in 1985.
- \* Supported by fund-raising efforts of the 18,000 men & women of Extencicare.
- \* Over one and a half million dollars in approved grants.
- \* Primary funding interests are Alzheimer's research and services, quality of life, quality of care and caregiver education in long term care settings.

For more information, please contact the Extencicare Foundation 1-800-395-5000.

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