

**Grant Application for Omron Foundation, Inc.**

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

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

Organization's Purpose: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Please see from a category below:**

\_\_\_ Disaster Relief \_\_\_ Basic Needs \_\_\_ Help for the Disabled \_\_\_ Education \_\_\_ Health \_\_\_ Cultural

Briefly and clearly describe the request and how it fits with the purpose of the Omron Foundation:

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Detail the use of funds, estimate total program cost presenting a clear designation of the use of funds:

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Explain program outcomes and potential long-term impact of the program:

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Identify the people and communities that will benefit from this program

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Name any collaborative partners and/or Omron employees involved with the program:

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Describe any recognition associated with grants to the program:

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**I certify that the above organization and purpose for which application is submitted meets the requirements specified in the Omron Foundation, Inc. Guidelines.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This completed form must be accompanied by the requesting organization's 501(c)(3) IRS determination letter**