

iSmall Grants Fund

RE-APPLICATION

(PRIOR GRANT RECIPIENTS ONLY)

DIRECTIONS: Please print or type the information requested below.

Completed re-application should be mailed to:

Ms. Nancy A. Saunders
Administrator
The Mabel Louise Riley Foundation
f/b/o Family Strengthening Small Grants Fund
Two Liberty Square, Suite 500
Boston, MA 02109
Phone: (617) 399-1850

For assistance with form completion, contact:

Che' Madyun
Small Grants Fund Manager
Email: ccmadyun@yahoo.com
Phone: (617) 823-0066

RE-Application may also be faxed or emailed:

Fax #: 617-399-1851
Email: info@rileyfoundation.com

Please Note - RE-Application Rules:

Grantees cannot reapply until they have:

1. Completed their prior granted activity/program/project.
2. Submitted a final report on prior granted activity/program/project.

Remember: The Small Grants Fund only makes grants to resident-led initiatives and the volunteer resident is the applicant. A fiscal agent with 501(c)(3) status is required and a copy of the IRS Letter must be submitted with the application. Any questions, please call.

DATE:

NAME OF GROUP/ORGANIZATION (IF ANY):

NAME OF ACTIVITY/PROGRAM/PROJECT:

CONTACT PERSON (NAME AND TITLE):

STREET ADDRESS:

CITY, STATE & ZIP CODE:

TELEPHONE NUMBER:

Please circle one: Home / Work / Mobile

FAX NUMBER (if applicable):

ALTERNATE TELEPHONE: _____

Please circle one: Home / Work / Mobile

EMAIL (if available): _____

PART A:

How many times has your Group/Organization applied for a Small Grant: _____

If you have received four (4) or more grants, please complete PART C.

Did you submit a final report on the previously funded activities/programs/projects?

YES _____

NO _____

Why are you re-applying?

PART B: NEW APPLICATION QUESTIONS

Name of new activity/program/project: _____

What streets or areas will be served with this new activity/program/project:

Amount requested: _____

Time period of new activity/program/project (month/dates):

Begins: _____

Ends: _____

Does your group or organization have paid staff?

YES: _____ NO: _____

If so, how many: _____

What are they responsible for? What do they do?

Will the paid staff be involved with this activity/program/project? YES: _____ NO: _____

If YES, what will they do?

Will they be involved with this activity/program/project?: YES _____ NO _____

If yes, what will they do?

** Will you be using a fiscal agent? YES: _____ NO: _____

If yes, please provide the name of the fiscal agent (non-profit organization name), address and contact person:

Organization Name:

EIN #: _____ Found on the 501(c)(3) IRS Letter

Street Address:

City, State & ZIP CODE:

Contact Person (Name and Title):

Telephone #:

Email:

**** A fiscal agent will be necessary for your activity/program/project if you do not have 501(c)(3) status. If you will not be using a fiscal agent, please provide the name and address of your nonprofit organization and submit a copy of your 501(c)(3) IRS Determination letter.**

A. Brief description of proposed activity/program/project. (Be sure to include what the participants will do.)

B. Goals of this activity/program/project:

C. Who will get involved? How many people:

(Be sure to include who will participate and who will help run the activity/program/project.)

D. How will you know you reached your goals listed in Question B?

E. How will this activity/program/project make the families in your neighborhood stronger?

F. Additional comments:

PART C: COMPLETE THIS SECTION IF YOU HAVE RECEIVED FOUR (4) OR MORE GRANTS FROM THE SMALL GRANTS FUND.

A. Over the past years that your group has been running this activity/program/project, what were the successes?

B. Over the past years that your group has been running this activity/program/project, what were the challenges? What were the challenges, issues and/or problems?

C. What changes have you made to your activity/program/project over the years?
(If relevant, please include information from Part C, questions A and B.)

D. What are the future goals (if any) for this activity/program/project?

E. What other resources or funds are you planning to use to reach the future goals?

F. How have residents and families been involved with your activity/program/project over the years?

G. How will you increase resident and/or family engagement with your activity/program/project?

ACTIVITY/PROGRAM/PROJECT
BUDGET

Name of activity/program/project:

Type/Name of Expense (Quantity of items X price per item = Cost)	QTY	PRICE/Item	COST
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

Budget Grand Total \$ _____

ATTACHMENT Required:

Your application will be considered incomplete if you do not submit a 501(c)(3) IRS Determination Letter of either your organization or your fiscal agent.