

Small Grants Fund

RE-APPLICATION

(PRIOR GRANT RECIPIENTS ONLY)

DIRECTIONS: Please print or type the information requested below.

Completed re-application should be mailed to:

For assistance with form completion, contact:

Ms. Nancy A. Saunders
Administrator
The Mabel Louise Riley Foundation
f/b/o Small Grants Fund
77 Summer Street, 8th Floor
Boston, MA 02110
Phone: (617) 399-1850

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.

Date:

Name of Group/Organization (if any):

Contact Person (Name and Title):

Street Address:

City, State & ZIP CODE:

Telephone:

Fax:

(Please specify: home, work, mobile)

E-mail (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 yes, how many? _____

What are they responsible for? What do 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 give the name of the fiscal agent (non-profit organization name), address and contact information:

Organization Name: _____

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/project/program:
(Be sure to include what the participants will do.)

B. Goals of this activity/project/program:

C: Who will get involved? How many people?
(Be sure to include who will participate and who will help run the activity/project/program.)

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

E. How will this activity 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

Type/Name of Expense

Quantity/# of item X price per item = Cost

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Total Cost: _____

ATTACHMENT:

☛ Your Re-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.