

# The Family Strengthening Small Grants Fund

## APPLICATION

**(FIRST-TIME AND PREVIOUSLY DENIED APPLICANTS ONLY)**

**IF YOU HAVE RECEIVED A GRANT IN THE PAST  
YOU MUST FILL OUT THE RE-APPLICATION FORM**

**DIRECTIONS:** Please print or type the information requested below.

**Completed application should be mailed to:**

**Ms. Nancy A. Saunders  
Administrative Manager  
The 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](mailto:ccmadyun@yahoo.com)  
Phone: (617) 823-0066**

**Application may also be faxed or emailed:**

**Fax #: 617-399-1851  
Email: [info@rileyfoundation.com](mailto:info@rileyfoundation.com)**

DATE:

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NAME OF GROUP/ORGANIZATION (IF ANY):

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NAME OF ACTIVITY/PROGRAM/PROJECT:

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CONTACT PERSON (NAME AND TITLE):

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STREET ADDRESS:

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CITY, STATE & ZIP CODE:

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TELEPHONE NUMBER:

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Please circle one: Home / Work / Mobile

FAX NUMBER (if applicable):

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ALTERNATE TELEPHONE:

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Please circle one: Home / Work / Mobile

EMAIL (if available):

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What streets or area will be served:

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Amount requested: \_\_\_\_\_

Time period of activities/program/project (month/dates):

Begins: \_\_\_\_\_

Ends: \_\_\_\_\_

Is this your first time running this activity/program/project:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If you checked NO, please answer the following question:

How long have you run this activity/program/project:

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Does your group or organization have paid staff?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If so, how many: \_\_\_\_\_

What are their responsibilities? What do they do?:

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Will the paid staff be involved with this activity/program/project?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If YES, what will they do?

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\*\* 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:

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

Street Address:

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City, State & ZIP CODE:

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Contact Person (Name and Title):

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Telephone #:

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Email:

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**\*\* 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):

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B. Goals of this activity/program/project:

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

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

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

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**ACTIVITY/PROGRAM/PROJECT BUDGET**

Name of activity/program/project:

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

9)

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10)

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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.

Please see below for a sample budget page.

**SAMPLE BUDGET:**

Name of activity/program/project: **Neighborhood Beautification Project**

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<i>Type/Name of Expense</i>	<i>Quantity/# of item X price per item = Cost</i>
1. <i>Fertilizer</i>	<i>2 bags @ \$10 each \$ 20.00</i>
2. <i>Soil</i>	<i>6 bags @ \$5 each \$ 30.00</i>
3. <i>Mulch</i>	<i>3 bags @ \$5 each \$ 15.00</i>
4. <i>Perennials</i>	<i>18 plants @ \$12 each \$216.00</i>
5. <i>Annuals</i>	<i>18 plants @ \$8 each \$144.00</i>
6. <i>Gardening Gloves</i>	<i>5 pair @ \$5 each \$ 25.00</i>
7. <i>Watering Cans</i>	<i>5 cans @ 5 each \$ 25.00</i>
8. <i>Advertising Flyers</i>	<i>500 flyers @ 50¢ a copy \$250.00</i>
9.	
10.	
<i>Total Cost: \$725.00</i>	