

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 Small Grants Fund
77 Summer Street, 8th Floor
Boston, MA 02110
Phone: (617) 399-1850

For assistance with form completion, contact:

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

Application may also be faxed or emailed:

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

Date: _____

Name of Group/Organization (if any): _____

Name of Activity/Program/Project: _____

Contact Person (Name and Title): _____

Street Address: _____

City, State & ZIP CODE: _____

Telephone: _____

Fax: _____

(Please specify – home, work, mobile)

E-mail (if available): _____

What streets or area will be served: _____

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: _____

Does your group or organization have paid staff? YES _____ NO _____

If so, how many: _____

What are their responsibilities? What do they do?: _____

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

If YES, what will they do? _____

Will you be using a fiscal agent? If yes, please give the name of the fiscal agent (non-profit organization name), address and contact person:

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/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:

ACTIVITY/PROGRAM/PROJECT BUDGET

Name of activity/program/project:

Type/Name of Expense

Quantity/# of item X price per item = Cost

1.

2.

3.

4.

5.

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Total Cost: _____

SAMPLE BUDGET:

Name of activity/program/project: Neighborhood Beautification Project

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

ATTACHMENT:

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.