ROSENBERG FUND FOR CHILDREN

A 501 (c)(3) organization

116 Pleasant St., Ste. 348
Easthampton, MA 01027
Phone: (413) 529-0063
Fax: (413) 529-0802
Email: granting@rfc.org
www.rfc.org

Group Grant RENEWAL Application Form

FOR A GROUP CURRENTLY RECEIVING SUPPORT

Please Note: The RFC Board of Directors makes all granting decisions. **The postmark deadline for applications is March 21 for Spring grants and October 13 for Fall grants**. Please mail the completed application to the RFC at the above address. For questions or assistance, please call us at 413-529-0063. Please review the Basic Information Sheet **before** completing this application.

Name:	Name of group/organization:			
Title or Relation to activis	st organization:			
Address			zip	
Email	Telephone: work (_) oth	er ()	
Best way to contact:				
Signed	Dat	e		
	e, title and contact informati anization (e.g. executive dire this form.			
2. A. Special Circums situation, legal or financi	stances: Please describe an al state.	nything special about <u>f</u>	the organization's curren	
	e <u>current</u> situation of <u>the p</u> ng situations, and health. Includional state.			
3. General information the grant:	(number, ages, etc) of childre	en/youth who would re	ceive services funded by	

5. Type of Request: (Ple	ease check <u>all</u> that apply)				
Group grant	for organizations providing service	ces to the children of targeted activists			
	Group grant for young people in a community that has experienced pervasive repression in response to the community's resistance to oppression				
6. Please describe the p	program the grant will fund.				
7. Grant Request: Amo Please note that group (unt Requested from the RFC: \$ grants have a maximum of \$350	\$ 00 per group per granting cycle.			
Date service to start:	Date service to end:	Any deadline we should know about:			
computer equipment, \$40 entire amount needed, it	0 for snacks for youth programs, is helpful for our Board to have (grants, donations, other incom	d and how the funds will be used (e.g. \$2000 for etc). While we likely will not be able to fund the asense of the financial situation, including a ne, etc), your annual operating budget and a	he iny		
9. Processing the grant					
If the grant is funded, to	whom should the check be ma	de payable and mailed:			
Make check paya	ble to:				
Title/relationship	o group/organization:				
Address:					
		zip			
·		answer to any question is inadequate.	r for		
		usly funded grant cycle is required in order ed this form, please contact us immediately.			

CHECKLIST - We must have the following before we can review your application:

- 1. Completed application form.
- 2. Any supportive material.
- 3. Completed Group Grant Report Form.

PLEASE RETURN TO: Rosenberg Fund for Children, 116 Pleasant Street, Suite 348, Easthampton, MA 01027 OR CONTACT US FOR ASSISTANCE. IT'S OUR JOB TO BE HELPFUL.

2