

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.

1. A. Name and address of person completing this form:

Name: _____ Name of group/organization: _____

Title or Relation to activist organization: _____

Address _____ zip _____

Email _____ Telephone: work (____) _____ other (____) _____

Best way to contact: _____

Signed Date

B. Please list the name, title and contact information of any new crucial members (since original application) of the organization (e.g. executive director, founder, Board member, etc) if other than the person completing this form.

2. A. Special Circumstances: Please describe anything special about **the organization's** current situation, legal or financial state.

B. Please describe the current situation of the participants of the group including their financial situations, work and living situations, and health. Include anything special about the children's current living situation, health or emotional state.

3. General information (number, ages, etc) of children/youth who would receive services funded by the grant:

5. Type of Request: (Please check all that apply)

____ Group grant for organizations providing services 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 program the grant will fund.

7. Grant Request: Amount Requested from the RFC: \$ _____

Please note that group grants have a maximum of \$3500 per group per granting cycle.

Date service to start: _____ Date service to end: _____ Any deadline we should know about: _____

8. Budget. Please detail the organization's financial need and how the funds will be used (e.g. \$2000 for computer equipment, \$400 for snacks for youth programs, etc). While we likely will not be able to fund the entire amount needed, it is helpful for our Board to have a sense of the financial situation, including any other sources of support (grants, donations, other income, etc), your annual operating budget and any planned fundraising for the fiscal year.

9. Processing the grant

If the grant is funded, to whom should the check be made payable and mailed:

Make check payable to: _____

Title/relationship to group/organization: _____

Address: _____

_____ zip _____

Please attach additional paper if the space provided for the answer to any question is inadequate.

A completed Group Grant Report Form for the previously funded grant cycle is required in order for this application to be complete. If you have not received 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: granting@rfc.org

PLEASE CONTACT US FOR ASSISTANCE. IT'S OUR JOB TO SUPPORT YOU IN THIS PROCESS.