

REGULAR GRANT APPLICATION for a NEW CHILD in a FAMILY ALREADY RECEIVING RFC SUPPORT

The Mission of the Rosenberg Fund for Children

The Rosenberg Fund for Children (RFC) was established to provide for the educational and emotional needs of children, whose parents have suffered because of their progressive activities and who, therefore are no longer able to provide fully for their children. The RFC also provides grants for the educational and emotional needs of activist youth whose targeting has resulted in a significant adverse life impact.

Who Can Apply

Applications may be submitted by parents, custodians, and guardians to benefit children in the United States whose parents' pursuit of progressive values (i.e. that all people have equal worth, that people are more important than profits, that world peace is a necessity, and that society must function within ecologically sustainable limits) has left them unable to fully provide for that child for reasons such as:

- The activist has lost a job.
- The activist has been harassed, suffered physical injury or mental disability.
- The activist has been imprisoned or has died.

Applications may also be submitted by or on behalf of targeted activist youth. *Please do not use this form. Use the Targeted Activist Youth application form instead.*

What the Rosenberg Fund for Children Funds

The RFC funds institutions and individual providers selected by applicants who support the values listed above. Subject to our financial ability, we will fund school tuition, camp tuition, counseling, cultural lessons, recreational programs, and after-school programs. While we primarily provide such funds for the benefit of those under 19 years old, we do make "Carry it Forward" awards of \$600 per year to young adults to help pay for books and supplies for college or a similar program designed to prepare them for adult life. We also have a "Prison Visit Program" for children who have been separated from their activist parents (see limitations below).

The RFC is unable to consider grants for general living expenses, like housing, clothing, and food, or for the benefit of those who have sufficient alternative sources of support. The RFC usually does not make grants directly to activists, custodians or guardians. **The RFC does not pay for legal defense costs.**

Attica Fund Prison Visit Program Guidelines

Attica Grants will be limited to no more than \$2,000 per family annually (including chaperone if needed), and will not fund more than three visits per year. Applications can be submitted in either the spring or fall.

Granting Process

The RFC Board of Directors will award all grants. Grants are awarded in the Spring and Fall. The postmark deadline for applications for Spring grants is March 21st and for Fall grants is October 13th. ***Grant requests requiring immediate attention because of special needs may be considered at other times on an individual basis.*** Applicants should complete the attached application form and mail it to the RFC at the above address. For questions or assistance, please call us at 413-529-0063.

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1. A. Please describe the current situation of the activist parent(s) including his or her financial situation, work and living situation, and health. Include anything special about the child's current living situation, health or emotional state. (If the child is not living with the activist parent, please indicate why and describe their relationship.)

B. Impact of targeting for parent's activism on THIS CHILD: Please describe how targeting has affected this child or your ability to provide for this child, include any continued impact from earlier targeting on this child. **Please be as specific as possible and use an extra sheet if needed.**

Child's Name: _____

2. A. Name and contact information for person completing this form:

Name _____ Email _____
Address _____ Zip _____
Telephone: home (_____) _____ work (_____) _____
cell (_____) _____ *Please circle the best way to contact you: home, email, cell, work
Are you the activist? YES NO (If no, what is your relationship to the
activist?: _____)
Are you the sole legal guardian of this child? YES NO (if NO, please complete section C)

Signed _____ Date _____

B. Name, gender and birth date of child to receive these services:

Name _____
_ Date of birth ____/____/____
Gender (circle one): F M Other: _____
NOTE: Any child 12-years-old or older should sign this application. (Required for Carry it Forward award.)

Signed _____ Date _____

C. Name and address of the legal guardian (Note: All legal guardians must consent to & sign application):

Name _____
Address _____ Zip _____
Email _____
Telephone: home (_____) _____
work (_____) _____
cell (_____) _____

Signed _____ Date _____

D. Name and address of activist (if other than person completing this form).

Name _____ Email _____
Address _____ Zip _____
Telephone: home (_____) _____ work (_____) _____
cell (_____) _____

Signed _____ Date _____

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

See page 2, Basic Information Sheet ("Granting Programs Basic Overview")

____ **Regular Grant**

____ **\$600 Carry it Forward award (CIF)***

____ **Attica Grant** (Complete Attica Fund Prison Visit Program application. Skip questions 4 and 5 below if you are only applying for the Attica Fund Prison Visit Program grant.)

*CIF applicants, please indicate year in college or expected date of completion for other training programs and the name of your college or university. _____

4. Provider. (School, camp, therapist, etc.) Grants will usually be made directly to institutions or providers (**note: there is a maximum of 2 providers per child**). **If you are requesting a computer, a completed Computer Request Form MUST be submitted with your application (available at www.rfc.org/application).**

Please indicate if you have a non-professional relationship with the provider, such as familial ties or friendship. In most situations, we cannot provide grants to close family members for services.

Please check this box if this is a NEW provider

Provider's Name _____ Nature of Service Provided _____

Address _____ (school, camp, cultural program, counseling, etc.)

_____ zip _____ Phone(____) _____

Email _____

Website _____

If this is a new provider, include a copy of their brochure (if they have one) and a letter from the provider indicating that the provider is aware of this application and is willing to cooperate with the RFC.

If you do not have a provider at the time of application, you may not receive the full amount requested.

5. Grant Request (for Regular & CIF grants. **Note CIF grants are for up to \$600.**)

Amount of Support Needed: \$ _____
(Maximum grant amount is \$2,000 per child per cycle with a \$3,000 yearly limit AND a maximum of \$7500 per family per granting cycle.)

Date service to start: _____ Date service to end: _____

Any deadline we should know about: _____

List below other sources of support for these services. (Use additional page if necessary.)

Attach an additional sheet if the space provided for the answer to any question is inadequate.

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.

PHONE: (413) 529-0063

FAX: (413) 529-0802

EMAIL: granting@rfc.org