

## REGULAR RENEWAL GRANT APPLICATION

FOR THE CHILDREN OF TARGETED ACTIVISTS **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 \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone: home (\_\_\_\_) \_\_\_\_\_  
work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_  
Relation to activist: \_\_\_\_\_  
\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Name \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender (circle one)      F      M  
**NOTE:** Any child over 12-years-old is requested to sign this application. **(Required for Carry it Forward award.)**  
Signed \_\_\_\_\_ Date \_\_\_\_\_

### B. Name and address of legal guardian if other than the person completing this form. Note: The legal guardian must consent to this application.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone: home (\_\_\_\_) \_\_\_\_\_  
work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_  
Relation to activist: \_\_\_\_\_  
\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone: home (\_\_\_\_) \_\_\_\_\_  
work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

**2. Impact of targeting for parent's activism on THIS CHILD: Please describe any further targeting you have experienced since your initial application to the RFC and how that targeting has affected this child or your ability to provide for this child. Please include any continued impact from earlier targeting on this child. Please be as specific as possible and use an extra sheet if needed.**

**3. 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.)**

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

\_\_\_\_\_ Regular Grant

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

\_\_\_\_\_ Attica Grant (Complete Attica Fund Prison Visit Program application. Skip questions 5 and 6 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.

**5. 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](http://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**

Name: \_\_\_\_\_ Nature of Service Provided (school, camp, music, counseling, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

**If this is a new provider, include a copy of the provider's 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.***

**6. Grant Request (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.)***

**NOTE: If your request is \$1500 or more, please explain why this amount is needed** \_\_\_\_\_

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:** [alli@rfc.org](mailto:alli@rfc.org)