

## 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 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. If you are applying as or on behalf of a Targeted Activist Youth **do not use this form. Please 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 K-12 school tuition, camp tuition, counseling, cultural activities, 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 are separated from their activist parents (see limitations below).

**What the Rosenberg Fund for Children Does Not Fund:** The RFC is unable to consider grants for general living expenses such as 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 are limited to \$2,000 per family annually (including chaperone if needed). Applications can be submitted in either the spring or fall once a year. **If you are applying for an Attica Grant, please submit the Attica Grant application form in addition to this form.**

**Granting Process:** The RFC Board of Directors awards 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 following application form and send it to the RFC (see above for contact info).

For questions or assistance, please do not hesitate to email [granting@rfc.org](mailto:granting@rfc.org) or call us at 413-529-0063.

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**1A. 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.)**

**1B. 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.**

<b>2A. Name and contact information for person completing this form:</b> 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?: _____) <b>Are you the sole legal guardian of this child? YES NO (if NO, please complete section C)</b> _____ Signed _____ Date _____	
<b>2B. Name, gender and birth date of child to receive these services:</b> Name _____ Date of birth      ____/____/____ Gender: _____ <b>NOTE:</b> Any child 12-years-old or older should sign this application. <b>(Required for Carry it Forward award.)</b> _____ Signed _____ Date _____	<b>2C. Name and address of the legal guardian (Note: All legal guardians <u>must</u> consent to &amp; sign application):</b> Name _____ Address _____ Zip _____ Email _____ Telephone: home (_____) _____ work (_____) _____ cell (_____) _____ _____ Signed _____ Date _____
<b>2D. Name and address of activist (if other than person completing this form).</b> 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. \_\_\_\_\_

**4A. Provider Info** (Whoever will provide the services that we are paying for, i.e. school, therapist, camp, etc.) **NOTE:** Maximum of 2 providers per child. Grants are usually made directly to institutions or providers.

Provider 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

**Please check this box if this is a provider who we have NOT previously funded or worked with.**  
(If box is checked, please include information for 6B.)

Provider 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

**Please check this box if this is a provider who we have NOT previously funded or worked with.**  
(If box is checked, please include information for 6B.)

**4B. Provider Letter and Brochure/Information:** Only needed for a **new provider**. Please include a copy of the provider's brochure (if they have one) and a letter from the provider indicating that they are aware of this application and are able to work with the RFC. If **NOT a new provider**, please skip.

**4C.** Do you have a **non-professional relationship** with either provider listed above, such as familial ties or friendship?  Yes  No If yes, please specify:

**4D. Computer Request:** If you are requesting a computer, a completed Computer Request Form must be submitted **with** your application. (forms available on RFC website for download or upon request).

**NOTE:** If you do not list a provider at the time of application, you may not receive the amount requested.

**5A. Amount Requested:** Provider 1 Amount: \$\_\_\_\_\_ Provider 2 Amount: \$\_\_\_\_\_

**PLEASE NOTE:** (CIF Awards are \$600. Maximum grant amount is \$2,000 per child, per cycle with a \$3,000 yearly limit AND a *maximum of \$7,500 per family* per granting cycle.)

**5B.** If your total request is \$1,500 or more, please explain why this amount is needed:

**5C.** Any deadline we should know about:

**5D.** List any other sources of support for these services (use additional page if necessary):

**Please attach an additional sheet if the space provided for the answer to any question is inadequate.**

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