

Grant Guidelines

REGULAR GRANTING FUND APPLICATION for a NEW BENEFICIARY FAMILY

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).

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

- Completed application form
- Material verifying targeted progressive activity (Question 1)
- Letter of reference (Question 4)
- Brochure or similar material from service provider, if applicable (Question 6)
- Letter from service provider, if applicable (Question 6)

For questions or assistance, please do not hesitate to email granting@rfc.org or call us at 413-529-0063.

REGULAR GRANT APPLICATION

FOR THE CHILDREN OF TARGETED ACTIVISTS

1. A. Activist Parent (Person unable to fully provide for his/her child(ren) because s/he was specifically targeted as a result of progressive activity as described in the guidelines).

Please provide us with a summary of the activist's progressive activities that caused him/her to be fired, harassed, injured, imprisoned, etc. as described in the guidelines. We will be unable to review your application if your answer provides us with insufficient information; however, please limit your response to three pages. Documentation such as a newspaper article may be attached for verification.

(Please type if possible.)

B. 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.)

*If requesting support for more than one child; questions 1 & 4 only need to be answered *once* for the family; the remainder of the application **(pages 3-4) must be completed for each child.**

NOTE: While we deplore discrimination based solely on identity or community affiliation, the RFC only funds those who have suffered discrimination in direct response to their activism. Please be sure to describe the relationship between your activism and the targeting you have experienced. Discrimination alone does not meet our granting criteria.

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: _____

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. 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. Please be as specific as possible and use an extra sheet if needed.

4. Reference for first time applicants. Please provide a letter of reference from a person who is familiar with the applicant's activism and targeting (not a relative and preferably not a close personal friend).

Name: _____ Phone (area code): home (_____) _____

Address: _____ work (_____) _____

_____ zip _____ Email address: _____

Child's Name: _____

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

See page 2, Basic Information Sheet ("Granting Programs Basic Overview") for additional information.

- Regular Grant**
- \$600 Carry it Forward award (CIF)***
- Attica Grant** (Complete Attica Fund Prison Visit Program application. Skip questions 6 and 7 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 here:

6A. 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.*)

6B. 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.

6C. Do you have a **non-professional relationship** with either provider listed above, such as familial ties or friendship?
 Yes No If yes, please specify: _____

6D. 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.

7A. 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.)

7B. If your total request is \$1,500 or more, please explain why this amount is needed:

7C. Any deadline we should know about:

7D. List any other sources of support for these services (use additional page if necessary):

8. How did you learn about the RFC?

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