

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. See above for contact info to send us your completed application. Please review the Basic Info Sheet **before** completing this application and don't hesitate to contact us with **any** questions.

1A. Name and contact information for person completing this form: Name _____ Email _____ Address _____ Zip _____ Telephone: home (_____) _____ cell (_____) _____ ** In the future, would you be interested in receiving text reminders about applications at this number? YES NO 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 <u>no</u> , please complete section C _____ Signed _____ Date _____	
1B. Name, gender & birth date of child to receive services: Name _____ Date of birth ____/____/____ Gender: _____ _____ Signed _____ Date _____ <i>Signature for children 12 and older, required for Carry It Forward Award applicants</i>	1C. Name and address of the legal guardian (Note: All legal guardians <u>must</u> consent to & sign application): Name _____ Address _____ Zip _____ Email _____ Telephone: home (_____) _____ 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 _____	

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 the back or 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.

4A. Which grant(s) are you applying for with this form: (Please check all that apply)

- Regular Grant (for kids under age 18 or who have not yet graduated from high school)
- Carry it Forward award (CIF)* (for kids aged 18-24)
- Attica Grant* (**Must also complete Attica Fund Prison Visit Program application.**)

4B. CIF applicants please indicate year in college or expected date of completion for other training programs and the name of your college or university:

***If you are only applying for Attica or CIF funds, you may SKIP questions 5 and 6 below.**

5A. Provider info. (Whoever will provide the services that we are paying for, i.e. school, therapist, camp, etc.)

NOTE: Maximum of two providers per child. Grants will usually be made directly to institutions or providers.

Provider 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 5B.*)

Provider 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 5B.*)

5B. 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.

5C. Indicate here if you have a **non-professional relationship** with either providers listed above, such as familial ties or friendship:

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

6A. Amount of Support Requested: \$ _____ (**PLEASE NOTE:** (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.)

6B. If your request is \$1500 or more, please explain why this amount is needed:

6C. Date service to start: _____ Date service to end: _____ Any deadline we should know about: _____

6D. List any other sources of financial 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.

RETURN TO: Rosenberg Fund for Children, 116 Pleasant Street, Suite 348, Easthampton, MA 01027 **OR:** granting@rfc.org