

**Impact Investment Preliminary Application**

|  |  |
| --- | --- |
| Date: | Click here to enter text. |
| Name of organization: | Click here to enter text. |
| Type of organization: | Nonprofit  Government entity  For profit  Other: Please describe. |
| Contact person and title: | Click here to enter text. |
| Contact telephone number: | Click here to enter text. |
| Contact email address: | Click here to enter text. |
| Which Foundation priority does your proposed project align with most strongly? | Economic Security  Educational Success  Healthy Lives  Other: Please describe. |
| Please describe the project (limit: 300 words). | Click here to enter text. |
| Please briefly describe the social impact of the project. | Click here to enter text. |
| Estimated total project cost: | Click here to enter text. |
| Amount of RIF request: | Click here to enter text. |
| Type of funding requested: | Loan  Equity |
| What is the source of repayment/return? | Click here to enter text. |
| Estimated start date of project: | Click here to enter text. |
| Estimated date of need for capital: | Click here to enter text. |
| Have you received funding from the Rhode Island Foundation previously? | Yes, for this project  Yes, for another effort  No, never |
| Other information you think we should know: | Click here to enter text. |

**Please return this form along with your most recent audited financial statements to:** [**impactinvesting@rifoundation.org**](mailto:impactinvesting@rifoundation.org)