

**Impact Investment Preliminary Application**

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| 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**