

Before You Begin Organization Information Contact Information Project/Program Information Narrative Attachments Review My Application

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Before You Begin

Printer Friendly Version | E-mail Draft

* Required before final submission

Responsive Grant Application

Before You Begin

- At any time, you may log into your account at https://www.GrantRequest.com/SID_5741?SA=AM to access saved and submitted requests.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.
- **The system will time out after 45 minutes of inactivity. Be sure to save your changes often by clicking 'Save & Finish Later'.** To return to the application, select the grant in progress from the Applications landing page, or use the link in the automatically generated email.
- It might be helpful to write out your narrative answers in a word processing software first, then copy and paste as needed.

The Rhode Island Foundation believes that our community can best be served by charitable organizations that both reflect and serve the diversity of our community. We do not award grants to applicants or programs that have a policy that discriminates against any person or group in any way that is either unlawful or inconsistent with the mission or values of the Foundation.

As part of the Foundation's co-funding initiative to leverage resources from other potential funders, Foundation staff will occasionally share information, electronically and manually, contained in grant applications with donors, private foundations, and other philanthropists under terms of strict confidentiality. By applying, you agree to allow information contained in this grant application to be shared with potential co-funders, understanding that there is no guarantee of support.

Organization Information

* Organization/Agency Name

* Address

* City

* State

RI

* ZIP Code

* Telephone Number

Extension

Fax

(xxx) xxx-xxxx

Organization Website

* Total organization budget

* Organization's mission statement

Word count 0 of 500

* How many people does **your organization** serve annually?

* Tax ID

EIN of your organization or that of your fiscal sponsor.

* Is your organization using a fiscal sponsor for this project/program?

If "No," please continue to the next section (Contact Information).

No

If an organization is serving as the fiscal sponsor for this project/program, please complete the following information. A signed agreement between the applicant and fiscal sponsor is also required and will be submitted via the Attachments tab of this application.

Fiscal Sponsor Organization Name

By entering this organization's name you are affirming that you, the applicant, have discussed this funding request and the organization, listed here, has agreed to serve as the Fiscal Sponsor for this application.

Prefix

First Name

Middle Initial

Last Name

Title

Address

City

State

Zip Code

Phone

(xxx) xxx-xxxx

Extension

Fax

E-mail

Additional Questions

- * 1. Are you operating under a current strategic plan? Please include a link to the plan below, if possible. Alternatively, you could attach an electronic copy of the plan on the Attachments page of this application.

- * 2. Do you anticipate ending the fiscal year with a deficit or a surplus?

<Choose>

- * 3. How many months of cash reserves do you have on hand?

4. Does your organization have access to a line of credit?

<Choose>

Contact Information

Organization/Chief Executive Contact Information

Prefix

<None>

First Name

Last Name

Chief Executive Title

Executive Director, CEO, etc.

E-mail

Grant Request Contact Information

Same as Organization/Chief Executive Primary Contact

Prefix

First Name

* Last Name

Title

E-mail

Project/Program Information

Program Information

* Project/program name

Name should actually describe your project/program.

* Is the proposed project/program a new effort?

Yes

If this is not a new effort, did you receive funding for this project/program from the Foundation last year?

Yes

If so, what was the grant number?

* Amount requested

* Total project/program budget

* Date of project/program start up

* Expected project/program end date

* How many people do you anticipate **this project/program** will serve annually?

Have you discussed this project/program with your board?

Yes

* Which of the following categories best describes your project/program?

<Select One>

* Does this project involve lobbying?

Yes

Direct Lobbying Amount

Grassroots Lobbying Amount

* Please indicate which community your project/program primarily serves:

<Select One>

Narrative

Please respond to each question below. Please be concise. You may cut and paste information from another software program to maintain formatting (bullets, etc.).

1. PROJECT

* **a. Briefly describe the problem/challenge you want to address.** What is the evidence the project is needed, and why is this the appropriate time for you to undertake this work? Let us know how your project fills a need not currently met by existing programs in the community.

Word count 0 of 250

* **b. Describe your proposed project. What are your project goals and objectives? What are the primary activities you will undertake?** Let us know if you are continuing or replicating a proven program or trying something new. If you are seeking support for an existing program, please provide results to date.

Word count 0 of 400

* **c. Please describe the change that will come about as a result of your efforts including the outcomes you will use to assess the success of the proposal's work in the coming year.** Please be as specific as possible. How will you measure progress towards the project goals you identified in question 1(b)? Identify relevant quantitative or qualitative data you will track to assess progress.

Word count 0 of 300

* **d. Identify any relevant partnerships and additional funding sources that will be leveraged for this project.**

Word count 0 of 150

2. PROJECT FEASIBILITY

* **a. Please provide a basic workplan including major proposed activities, staff lead for each, and timeline.**

Word count 0 of 250

* **b. Consistent with your proposed (attached) budget, explain how you plan to support this project and use the grant funds from the Foundation.**

Word count 0 of 250

* **c. Please describe how your organization is well positioned for the proposed work. This would include a brief description of your organization's experience, project leadership/key staff, partnerships, technical/content expertise and its community connection.**

Word count 0 of 300

* **d. Identify any potential challenges or barriers to achieving project goals during the award period.** Are there critical relationships, activities or other dependencies that must be in place for your project to succeed?

Word count 0 of 250

e. Explain the organizational and sector learning that you expect to result from the project. For example, are there questions your organization is most interested in exploring if awarded these funds? How do you expect learnings to affect future program delivery or other organizations working in the sector?

Word count 0 of 200

3. ORGANIZATION

a. What is your organization's relationship to the field and connection to the community you're serving? Define how the proposed project aligns with your organization's mission and model of delivery of services.

Word count 0 of 200

b. Please tell us about your board composition and practices. For example, how long have board leaders been in their respective roles? How oft does your board meet? Do board members have term limits?

Word count 0 of 150

c. Is your organization currently experiencing – or do you anticipate – any major changes, challenges, or opportunities in organization: staff/leadership, financials, or your operations? Please describe any current or anticipated changes.

Word count 0 of 200

Attachments

*** Budget Form**

Please use [this template](#).

No file selected.

*** Organizational Budget**

Please include your organization's budget for the current fiscal year with year-to-date actuals. This is not required for public schools and hospitals.

No file selected.

*** Audited Financials**

Please include your organization's financials for the two most recent years. This is not required for public schools and hospitals.

No file selected.

*** Board List**

No file selected.

IRS 501 (C) Tax Determination Letter (not a tax-exempt certificate)

This is required ONLY IF YOUR ORGANIZATION HAS NEVER APPLIED TO THE RIF FOR FUNDING. If an organization is serving as the fiscal sponsor for this project, please submit the 501 (c) tax determination letter for the fiscal sponsor.

Browse... No file selected.

Upload

Fiscal Sponsor Agreement

If you are using a fiscal sponsor, please attach a copy of the signed agreement outlining the terms and conditions of the sponsorship.

Browse... No file selected.

Upload

Current Strategic Plan

Browse... No file selected.

Upload

Please only submit the requested attachments and do not include evaluation/report forms with this grant application. Those forms will be submitted separately.

Save & Finish Later

Submit

SAMPLE