



## Application

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\* Required before final submission

### Strategy Grant Application

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 for 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:

\* Chief executive name:

\* Chief executive title:

\* Address:

Address:

\* City:  \* State:  \* Zip Code:

\* Telephone number:   
(xxx) xxx-xxxx

Extension number:

E-mail Address

Fax number:   
(xxx) xxx-xxxx

Organization's website address:

\* Organization's mission statement (500 characters):

\* Does your organization have its tax-exempt 501(c) status?

<None>

**If your organization has never applied to The Rhode Island Foundation for funding a copy of your IRS 501 (c) tax determination letter is required. You will be prompted to upload the document at the end of this application.**

\* EIN of your organization or that of your fiscal sponsor:

### Fiscal Sponsor

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

**If no fiscal sponsor is being used for this funding request, proceed to PROJECT/PROGRAM INFORMATION.**

**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, and a copy of the sponsor's IRS 501 (c) tax determination letter is also required. You will be prompted to upload these documents at the end of this application.**

Organization Name:

Fiscal Sponsor: 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:

Address:

City:

State:

<None>

Zip Code:

Telephone:

(xxx) xxx-xxxx

Extension number:

Fax:  
(xxx) xxx-xxxx

E-mail:

Website:

### Project/Program Information

\* Amount requested:

\* Project/program name (maximum 10 words):  
Name should accurately describe your project/program.

\* Project/program description (maximum 200 words):  
\*Provide a concise summary of your request. Please note the narrative section provides space for a longer articulation of your project/program and request.

Project website address (if different from organization's website address):

\* Did you receive funding for this project/program from the Foundation last year? Yes or No  
Please select from list

<None>

If so, what was the grant number?

\* Is this the proposed project/program a new effort? Yes or No  
Please select from list

<None>

\* Did you speak with a Grant Programs Officer? Yes or No  
You must first discuss projects/programs with a Grant Programs Officer.

<None>

\* With whom did you speak?  
Please select from list

<Select One>

If the proposed project/program is not a new effort, how long has it been in operation?  
Please select from list

<None>

\* Total project/program budget:

\* Total organization budget:

\* Date of project/program start-up: \* Expected project/program end date:



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

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

\* Have you discussed this project/program with your board? Yes or No

Please select from list

<None>

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

Please select from list

<Select One>

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

Please select from list. For a detail explanation of these strategies, see the [Foundation's website](#)

<None>

Does this project involve lobbying?

If yes, please check the box and indicate the anticipated amounts to be spent on direct and/or grassroots lobbying. For more information about direct and grassroots lobbying on our website, [click here](#).

Direct lobbying amount:

Grassroots lobbying amount:

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

Please select from list

<Select One>

**Please list 3-5 outcomes for the project against which you will be asked to measure its success.**

\* Outcome 1:

<input type="text"/>	<input type="text"/>
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\* Outcome 2:

<input type="text"/>	<input type="text"/>
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\* Outcome 3:

<input type="text"/>	<input type="text"/>
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Outcome 4:

<input type="text"/>	<input type="text"/>
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Outcome 5:

<input type="text"/>	<input type="text"/>
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### Contact Person

**Please complete this section only if the contact person is different from the chief executive officer listed above in Organization Information.**

Prefix:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix:  
\_\_\_\_\_

Office Telephone Number:  
(xxx) xxx-xxxx  
\_\_\_\_\_

Office Telephone Extension:  
\_\_\_\_\_

Cell Phone  
(xxx) xxx-xxxx  
\_\_\_\_\_

E-mail \_\_\_\_\_

[Save & Finish Later](#) [Next](#)



## Attachments

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### Please attach the following:

- **NARRATIVE:** The questions that follow are intended to help you craft your application. The application gives you an opportunity to describe your work and the goals you are seeking to achieve. It also represents the starting point from which the staff of the Foundation will begin to form a funding decision on your project. Please be concise and use bullets where appropriate. In no more than five pages, answer the following questions:

1: Briefly describe your proposed project.

2: What are the project goals and objectives?

3: What is the evidence that the project is needed?

4: What is your organization's connection to the community served by this project? Please describe any relevant collaborations.

5: Why is this opportunity critical now?

6: How will you sustain the project beyond the Foundation's grant investment?

- **12 MONTH PROPOSAL BUDGET:** Please follow the below instructions to complete the [Budget Form](#) and upload it to your application.

--The budget should include all income for the project that you currently have in hand and funding that is anticipated. Please identify all committed and potential funding sources and when a decision is anticipated.

--Please break all personnel down by position and the percentage of time that the employee will devote to this project. You may group a class of employees.

--Please note that the Foundation reviews requests that include overhead or indirect costs on a case by case basis.

--Please make sure that your total project expenses matches the total entered in this application under Total project budget.

- **ORGANIZATIONAL BUDGET:** Please include your organization's budget for the current fiscal year with year-to-date actuals (not required for public schools and hospitals).

- **AUDITED FINANCIALS:** Please include your organization's financials for the two most recent years (not required for public schools and hospitals).

- **IMPLEMENTATION PLAN:** Please complete the [Implementation Plan Form](#) and upload it to your application. Share your plan for the implementation of your project and list **up to four** major activities the project entails and the outputs you expect from each of these activities.

- **BOARD LIST:** Please attach a copy of your organization's board list.

- **THE RHODE ISLAND FOUNDATION FUNDER REPORT (required for arts and culture projects and organizations only):** This funder report will be required for all arts and culture organizations applying for a strategy grant as of now. It can be generated from the Rhode Island CDP in .pdf format and consists of data from your two most recently completed fiscal years. The Data Profiles for these years must display either a "SUBMITTED" or "REVIEW COMPLETE" status. If you need assistance generating this Funder Report, please contact the Rhode Island CDP Help Desk by phone 855-70-RICDP or 855-707-4237 or e-mail at [help@riculturaldata.org](mailto:help@riculturaldata.org). More detailed instructions regarding the use of the Rhode Island CDP can also be found on our [web site](#).

- **IRS 501 (c) TAX DETERMINATION LETTER (not a tax-exempt certificate)** is required ONLY IF YOUR ORGANIZATION HAS NEVER APPLIED TO THE RHODE ISLAND FOUNDATION FOR FUNDING. If an organization is serving as the fiscal sponsor for this project, please submit the IRS 501 (c) tax determination letter for the fiscal sponsor.

- **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.

For correspondence and documents generated by a source that is not electronic/digital, like the tax determination letter, create an electronic/digital file by scanning the document into the computer. It is suggested that you store these documents either on your

computer or on a digital/electronic alternative to which you have access, to assist in answering any additional questions related to your request.

To assure that the correct documents are being uploaded, please make note of the folder or location of the files that will be submitted to the Rhode Island Foundation.

**Please only submit the requested attachments and do not include evaluation/report forms with this grant application. The evaluation/report forms must be submitted separately to [reports@rifoundation.org](mailto:reports@rifoundation.org).**

**Please submit your application online only. Do not send a paper copy of the application or e-mail a copy of the application to foundation staff.**

#### **DIRECTIONS FOR UPLOADING ATTACHMENTS**

1. Choose the *Title* of the required attachment from the dropdown menu below.
2. Click the *Browse* or *Choose File* button to search for the file you wish to upload. Select the file that you want to attach and then click the *Open* button.
3. Click the *Upload* button to attach the file to this application.
4. Return to the *Title* dropdown menu to repeat Steps 1-3 for the next document.

Click *Review and Submit* to submit your application, or click *Save & Finish Later* if you need to return to the application at a later time. When your application is saved or submitted, you will receive a confirmation email that contains a link to your application account page.

#### **Upload**

The maximum size for all attachments combined is 100 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title: Narrative (Required)

File Name:  No file selected.