



THE RHODE ISLAND FOUNDATION  
Year 2010 Library Challenge Grants

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The Archive, Document, Display  
and Disseminate (ADDD) Fund

Philanthropist Herman Rose has created new incentives to strengthen libraries and other civic, cultural, and literary-focused organizations, and expand their roles as community centers that can stimulate dialogue around critical issues. Mr. Rose established the Archive, Document, Display and Disseminate (ADDD) Fund at The Rhode Island Foundation in 1986. The Foundation has awarded more than \$239,000 to civic, cultural, and literary organizations through this fund for media projects, annual fundraising drives, and special campaigns to acquire equipment, special collections, or additional books, publications, or other resources.

**ADDD Fund Library Challenge Grants are intended to provide added funding for campaigns planned to meet local needs;** i.e., annual fundraising drives or special campaigns directed toward acquisition of equipment, special collections, or more books, publications and holdings in other media. To illustrate, a prior grantee reported, "A challenge of \$800 on a \$100,000 campaign yielded \$13,460. This was a great lesson for us."

**Challenge Grants to support libraries may be requested by any Rhode Island library or library support organization with 501(c)(3) status.** It is up to you to suggest the challenge. Applications must be submitted each year prior to initiation of the campaign being challenged. The intent of these Challenge Grants is to encourage libraries to set monetary targets for their campaigns and to plan their fund raising tactics carefully before approaching the community. The ADDD Fund will not be the sole funder or first contributor to a campaign. Applicants must demonstrate commitments from other sources for this project.

**You will not be in competition with other applicants.** All properly fashioned campaigns for which a completed application has been approved will receive funds. Grant amounts ranging from \$300 to \$1,600 will be negotiated in a discussion with the Foundation after applications are received. Initial challenge is for one year only. However, applicants may think of a multi-year progression. Grants to support future years will be "stepped up" in an orderly manner if the first-year campaign is successful. Maximum awards will be based on previous year's involvement. While we ask that organizations limit their submissions to the ADDD Fund to one application per year, this does **not** limit an organization from applying to other funds administered by the Foundation.

Please send **one original and one copy of your proposal** to The Rhode Island Foundation. A brief letter outlining the type and duration of your campaign should accompany your proposal. In addition, please attach the following required documents and any documentation you believe would be important in reviewing your request:

1. A copy of your 501(c)(3) tax exempt letter from the IRS or statement of standing as a municipal agency.
2. A letter from the Board Chair approving/acknowledging the grant application.
3. **For first time applicants only:** A copy of ADDD First Time Application Form (attached).

**DEADLINE:** Your application must arrive by **January 8, 2010.**

**Please mail all required materials in ONE envelope to:**

Libby Monahan, ADDD Library Challenge Grant,

The Rhode Island Foundation, One Union Station, Providence, RI 02903

If you have any questions concerning the application process, please contact Libby Monahan at (401) 427-4017.

**THIS APPLICATION CAN ALSO BE DOWNLOADED FROM OUR WEBSITE  
AT WWW.RIFFOUNDATION.ORG**



# THE RHODE ISLAND FOUNDATION

## Year 2010 ADDD Library Challenge Grants

### A. APPLICANT INFORMATION

1. Name of Library (or supporting organization): \_\_\_\_\_

2. Contact person who can be reached during the day: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
street city zip

3. Please give a brief description of the organization submitting the request:

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4. Do you have a "strategic plan"?  yes  no dated: \_\_\_\_\_

If yes, please share it with us (use separate sheet).

5. Please describe the library. Total number of library users: \_\_\_\_\_

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Other persons affected by library activities:

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What is the composition of the library staff?

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Total number paid \_\_\_\_\_ volunteer \_\_\_\_\_

What types of programs and activities does the library generally undertake?

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Of which programs are you most proud?

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**B. CAMPAIGN INFORMATION. Please lay out a specific and thoughtful plan.**

1. Describe the campaign toward which you are seeking a challenge.

a) What name are you giving the campaign? \_\_\_\_\_

b) What is the purpose? \_\_\_\_\_

c) Which segments of the community are expected to contribute? \_\_\_\_\_

d) How much do you expect to raise? \_\_\_\_\_

Do you have a stretch (higher) goal?  yes  no If yes, it is \$ \_\_\_\_\_

e) How much was raised in 2008 and in 2009? 2008 \$ \_\_\_\_\_ 2009 \$ \_\_\_\_\_

f) What is the timetable for each major step this year?

2. What **specific challenge** would you like to propose for this grant that would help you best meet your campaign goals and help you leverage other gifts?

a) How will this help you leverage other gifts and best meet your campaign outcomes?

b) How will the challenge grant be promoted to prospects?

c) How did you hear about the ADDD Fund Library Challenge Grant?

d) Do you have a donor who wishes to match or exceed the proposed challenge?

3. Please describe briefly the past and current years' campaigns and fundraising activities. Note date of events and duration of solicitations.

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4. How do you propose to strengthen this campaign?

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5. Please attach the campaign committee structure, names and roles.

**DEADLINE:** Your application must arrive by **January 8, 2010.**



# THE RHODE ISLAND FOUNDATION

## Year 2010 ADDD First-Time Applicant Form

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**If this is your first ADDD application to the Foundation, we need the following basic information before we can consider making a grant to your organization. This form, when fully completed, will become a permanent part of our records. Please include it with your complete application and accompanying materials.**

### GENERAL INFORMATION

1. Legal Name of Organization \_\_\_\_\_ 2. Year Organized \_\_\_\_\_

3. Address \_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number \_\_\_\_\_ 5. Name and Title of Paid Staff Head \_\_\_\_\_

6. Please list the names of your governing board. Indicate members of your Executive Committee, if any, with an "E" after their names. Indicate paid staff members serving on your Board, if any, with a "P".

_____	_____
_____	_____
_____	_____
_____	_____

Total Governing Board Members \_\_\_\_\_

Total Executive Committee Members \_\_\_\_\_

7. If you are accredited by any national organization, please specify: \_\_\_\_\_

8. Number of meetings last year of: Governing Board \_\_\_\_\_ Executive Committee \_\_\_\_\_

9. Avg. number of members attending in person: Governing Board \_\_\_\_\_ Executive Committee \_\_\_\_\_

### PROGRAM INFORMATION

10. Briefly summarize the objectives of your organization and the specific current work directed to those objectives.

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**FINANCIAL INFORMATION**

11. These figures should come from your financial statements for your last completed fiscal year. Were these financial statements audited by a Certified Public Accountant?  Yes  No Method of Accounting:  Cash  Accrual

**12. Revenues:**

Contributions:

From Individuals \$ \_\_\_\_\_

From Corporations and Foundations \_\_\_\_\_

From Government \_\_\_\_\_

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

**13. Expenditures:**

For the Program of the Organization \$ \_\_\_\_\_

For Administration \_\_\_\_\_

For Fundraising \_\_\_\_\_

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

**TOTAL EXPENDITURES** \$ \_\_\_\_\_

14. If expenditures were more than income, how was this financed? \_\_\_\_\_

\_\_\_\_\_

**15. Assets:**

Cash \$ \_\_\_\_\_

Securities \_\_\_\_\_

Property and Equipment \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**16. Liabilities and Fund Balances:**

Current \$ \_\_\_\_\_

Long-Term (those items to be paid one year or more after financial statement date) \_\_\_\_\_

Fund Balances \_\_\_\_\_

**TOTAL LIABILITIES & FUND BALANCES** \$ \_\_\_\_\_

17. I certify that the above information is true to the best of my knowledge:

\_\_\_\_\_  
*Officer or Board Member*

Title: \_\_\_\_\_

Date: \_\_\_\_\_