



## THE RHODE ISLAND FOUNDATION Year 2010 Media Project 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 Media Project Grants should assure greater access to information by targeted individuals. The goal may be achieved by doing one of the following:

**Archive** - catalogue collections of videos, programs, performances or publications.

**Document** - produce printed materials, DVDs, or other media to stimulate thoughtful discussion.

**Display** - audio-visual, graphic or combined presentations.

**Disseminate** - spread information and/or newly produced materials through the media (radio, television, newspapers or the internet).

There are several levels of matching grants. Requirements for ADDD Media Project Grant applications are as follows:

For requests of \$300 to \$900:

Agency must match funding request, 1:1, with in-kind services (i.e., staff time) **or** agency funds, **or** funds from at least one external donor. Preference will be given to applicants whose board members provide matching funds.

For requests of \$1,000 to \$1,500:

Agency must match funding request 3:1, with in-kind services (i.e., staff time) and agency funds, **and** funds from at least one external donor. Preference will be given to applicants whose board members provide matching funds.

For requests of \$1,800\*:

Agency must match funding request 3:1, with in-kind services (i.e., staff time) and agency funds, and funds from at least two external donors totaling \$1,800. Preference will be given to applicants whose board members provide matching funds.

For requests of \$2,400\*:

Agency must match funding request 3.5:1, with in-kind services (i.e., staff time) and agency funds, and funds from at least three external donors totaling \$3,600. Preference will be given to applicants whose board members provide matching funds.

\*Applicants requesting \$1,800 or \$2,400 maximum will require an on-site consultation **prior to November 13, 2009**. Contact information may be obtained from Libby Monahan at The Rhode Island Foundation (call 401-427-4017 or email lmonahan@rifoundation.org).

Any nonprofit or municipal agency may apply for an ADDD project grant. Typical applicants are consortia developed around a particular concern, libraries, etc. 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 media project should accompany your proposal. 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. Project budget which clearly states how ADDD funds are to be matched by cash from other sources.
3. Any publicity or publication that this project is intended to enhance.
4. **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  
ADDN Media Project 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](http://WWW.RIFFOUNDATION.ORG)**





7. Explain the activities to be undertaken in this project.

a) Toward which segments of the community are you addressing this project? How will each segment benefit?

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b) What do you plan to do?

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c) Where you do you plan to do it?

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d) Who will be involved as paid staff, volunteers or consultants?

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e) What materials or added space do you need (if any)?

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f) What is the timetable for the major steps?

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g) How will audiences be reached and/or materials disseminated?

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h) What will you do to evaluate whether the project was successful?

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8. What follow-up activities, if any, do you intend for this request?

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9. How did you hear about the ADDD Media Project Grants?

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\_\_\_\_\_  
Applicant's name (typed or printed)

\_\_\_\_\_  
President or Board Chair's name (typed or printed)

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Applicant's signature

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President or Board Chair signature

**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: \_\_\_\_\_