



2020 Grant Application

Please electronically send your application to Debbie Anderson, Programs Director (debbie@rsffoundation.org). Reference *YOUR organization* and grant application in the subject line. If you have questions or require assistance, please contact us.

ORGANIZATION INFORMATION

Name of Organization:

Year Incorporated:

Tax ID #:

Address:

City, State, Zip:

Phone:

Fax:

Website:

Number of staff: Full time Part Time

MISSION STATEMENT

Briefly describe your organization's history, mission and principal activities and most noteworthy accomplishments. (500 characters maximum)

ISSUE AND NEED

What issue/need are you planning to address with this grant? Provide information to support the need for your work and why it is timely to address this issue now. (500 character maximum)

PROGRAM SUMMARY

Please provide a **50-word summary** of your project (if need is for general operating support, please summarize your organization's program).

GEOGRAPHIC AREA AND TARGET POPULATION

Describe the geographic areas served and demographics of the population targeted.

PROGRAM DESCRIPTION

Describe the program or project, and how a grant award **not to exceed \$25,000** from The Patriots Connection would be used. *(1000 character maximum)*

FINANCIAL INFORMATION

Fiscal Year End (e.g., June 30)

Current FY agency budget:

Total Income last FY:

Total Expenses last FY:

Please provide a copy of your current fiscal year operating budget as well as your most recent audited financials. Include URL link to IRS Form 990 with all statements for last fiscal year.

OUTCOMES AND EVALUATION

List and describe the specific objective and related outcomes of the project and how they will be measured. (500 characters maximum)

MEDIA

Please include a professional quality photo (300 dpi) and one testimonial quote regarding the program for which you are seeking funding.

CONTACT INFORMATION

Chief Staff Officer (example: CEO, COO or Executive Director)

First Name:

Last Name:

Title:

E-mail:

Office Address:

Office City, ST, ZIP:

Office Phone:

Office Fax:

Person submitting/preparing this Letter of Intent if different from above

First Name:

Last Name:

Title:

E-mail:

Office Address:

Office City, ST, ZIP:

Office Phone:

Office Fax:

CERTIFICATION/ AUTHORIZATION

I certify that I am authorized to submit this Letter of Intent on behalf of the organization that will operate the proposed program.