



## 2021 Grant Application

Please send your application electronically to Debbie Anderson, Programs Director (debbie@rsffoundation.org). Reference **YOUR organization** and **GRANT APP** 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:

Website:

Number of staff: Full time

Part Time

### MISSION STATEMENT

*Briefly describe your organization's mission, 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)*

## 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)*

## OUTCOMES AND EVALUATION

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

## FINANCIAL INFORMATION

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

Current FY agency budget:

Total Income last fiscal year:

Total Expenses last fiscal year:

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.

**MEDIA**

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

**PROGRAM SUMMARY**

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

**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:

*Person submitting/preparing this application if different from above*

First Name:

Last Name:

Title:

E-mail:

Office Address:

Office City, ST, ZIP:

Office Phone:

**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.