

## Small Grants Fund

### RE-APPLICATION

**(PRIOR GRANT RECIPIENTS ONLY)**

**DIRECTIONS:** Please print or type the information requested below.

**Completed re-application should be mailed to:**

Ms. Nancy A. Saunders  
Administrator  
The Mabel Louise Riley Foundation  
f/b/o Small Grants Fund  
77 Summer Street, 8<sup>th</sup> Floor  
Boston, MA 02110  
Phone: (617) 399-1850

**For assistance with form completion, contact:**

Che' Madyun  
Small Grants Fund Manager  
Email: [ccmadyun@yahoo.com](mailto:ccmadyun@yahoo.com)  
Phone: (617) 823-0066

**RE-Application may also be faxed or emailed:**

Fax #: 617-399-1851  
Email: [info@rileyfoundation.com](mailto:info@rileyfoundation.com)

#### Please Note - RE-Application Rules:

Grantees cannot reapply until they have:

1. Completed their prior granted activity/program/project.
2. Submitted a final report on prior granted activity/program/project.

Date:

Name of Group/Organization (if any):

Contact Person (Name and Title):

Street Address:

City, State & ZIP CODE:

Telephone:

(Please specify: home, work, mobile)

Fax:

E-mail (if available):

**PART A:**

How many times has your Group/Organization applied for a Small Grant: \_\_\_\_\_

If you have received four (4) or more grants, please complete PART C.

Did you submit a final report on the previously funded activities/programs/projects:

YES \_\_\_\_\_ NO \_\_\_\_\_

Why are you re-applying? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: NEW APPLICATION QUESTIONS**

Name of new activity/program/project: \_\_\_\_\_

What streets or areas will be served with this new activity/program/project: \_\_\_\_\_  
\_\_\_\_\_

Amount requested: \_\_\_\_\_

Time period of new activity/program/project (month/dates):

Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Does your group or organization have paid staff? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how many? \_\_\_\_\_

What are they responsible for? What do they do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will they be involved with this activity/program/project?: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what will they do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be using a fiscal agent?: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give the name of the fiscal agent (non-profit organization name), address and contact information:

Organization Name: \_\_\_\_\_

Street Address, City, State & ZIP CODE: \_\_\_\_\_

Contact Person (Name and Title): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\* A fiscal agent will be necessary for your activity/program/project if you do not have 501(c)(3) status. If you will not be using a fiscal agent, please provide the name and address of your nonprofit organization and submit a copy of your 501(c)(3) IRS Determination Letter.**

A. Brief description of proposed activity/project/program:  
(Be sure to include what the participants will do.)

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\_\_\_\_\_

\_\_\_\_\_

B. Goals of this activity/project/program:

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C: Who will get involved? How many people?  
(Be sure to include who will participate and who will help run the activity/project/program.)

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D. How will you know you reached your goals listed in question B?

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E. How will this activity make the families in your neighborhood stronger?

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F. Additional comments:

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**PART C: COMPLETE THIS SECTION IF YOU HAVE RECEIVED FOUR (4) OR MORE GRANTS FROM THE SMALL GRANTS FUND.**

A. Over the past years that your group has been running this activity/program/project, what were the successes?

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B. Over the past years that your group has been running this activity/program/project, what were the challenges? What were the challenges, issues and/or problems?

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C. What changes have you made to your activity/program/project over the years?  
(If relevant, please include information from Part C, questions A and B.)

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D. What are the future goals (if any) for this activity/program/project?

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E. What other resources or funds are you planning to use to reach the future goals?

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F. How have residents and families been involved with your activity/program/project over the years?

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G. How will you increase resident and/or family engagement with your activity/program/project?

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**ACTIVITY/PROGRAM/PROJECT**  
**BUDGET**

Type/Name of Expense

Quantity/# of item X price per item = Cost

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Total Cost: \_\_\_\_\_

**ATTACHMENT:**

☛ Your Re-application will be considered incomplete if you do not submit a 501(c)(3) IRS Determination Letter of either your organization or your fiscal agent.