

The Family Strengthening Small Grants Fund

APPLICATION

(FIRST-TIME AND PREVIOUSLY DENIED APPLICANTS ONLY)

DIRECTIONS: Please print or type the information requested below.
Completed application should be mailed to:

**Ms. Nancy A. Saunders
Administrative Manager
The Riley Foundation
f/b/o Small Grants Fund
77 Summer Street, 8th Floor
Boston, MA 02110**

Telephone: 617-399-1850

**Completed applications can be faxed or e-mailed: Fax #: 617-399-1851
E-mail: info@rileyfoundation.com**

Date: _____

Name of Group/Organization (if any): _____

Name of Activity/Program/Project: _____

Contact Person (Name and Title): _____

Street Address: _____

City & State: _____

Telephone: _____ Fax: _____

E-mail (if available): _____

What streets or area will be served: _____

Amount requested: _____

Time period of activities (month/dates):

Begins: _____ Ends: _____

Does your group or organization have paid staff? YES _____ NO _____

If so, how many: _____

Will you be using a fiscal agent? If yes, please give the name of the fiscal agent (non-profit organization name), address and contact person:

Organization Name: _____

Street Address: _____

City and State: _____

Contact Person (Name and Title): _____

Telephone #: _____

**** A fiscal agent will be necessary if you are planning on using more than two stores (vendors) to pay for expenses for your activity/program/project. If you will not be using a fiscal agent, please provide the name and address of no more than two stores (vendors) on page 4.**

A. Brief description of proposed project/activity:

B. Goals of this project/activity:

C: Who will get involved? How many people?

D. How will you know you reached your goal?

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

PROJECT/ACTIVITY 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: _____

If you listed more than 2 expenses, do you need to use more than 2 stores (vendors)?

Yes _____ You will need a fiscal agent. Please provide the name and address on Page 3.

No _____ Please provide the name and address of no more than 2 stores (vendors) you will use.

Name and address of stores (vendors):

- 1. _____
- 2. _____