

2025 EMERGENCY GRANT REQUEST

OPEN MARCH 2-JAN31

Organization Name:

Contact Name:

Phone number:

Email:

EIN #

Date:

Emergency Need/Reason:

Did you apply for a Grant? (Yes or No)

If you answered No, why?

Are you able to wait until next Grant cycle? (Yes or No)

If you answered No, why?

Grant Request Amount:

Project, Program, or Service Name:

Project, Program, or Service Description:

Goals & Anticipated Outcome of Project or Service:

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Goal Measurement: (Please explain how goals will be measured)

How Will You Measure Success of Program, Project or Service: (Please be as specific as possible)

RACF Funding History: (Indicate Yes or No whether your organization has applied to RACF successfully or unsuccessfully **for the same grant request** in past years)

If yes, what was the grant request, amount, year applied and if it was funded or not funded:

Project or Program Leader: (Who will lead the project, and what are their qualifications?)

Total Project Budget: \$

Budget* Please attach an itemized budget for the project, program, or service, indicating how the requested funds will be used. Include other anticipated funding and the potential source.

Project Start Date:

Project End Date:

Do you receive funding from other organizations? (Yes or No)

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If yes, list the organizations below with expected or anticipated funding amount:

Focus Area:

Number of people served: (Please estimate the number of people served by the project)

Geographic Area served: (Please select the regions your project will impact)

☐ Chana

☐ Creston

☐ Kings

☐ Lindenwood

☐ Other rural area in the RTHS School District

☐ Rochelle

☐ Steward

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