

EMERGENCY GRANT REQUEST

OPEN MARCH 2-JAN 31

Organization Name:

Contact Name:

Phone number:

Email:

EIN #

Date:

Emergency Need/Reason:

Did you apply for a Grant during this year's Grant cycle? (Yes or No)

If you answered No, why?

Are you able to wait until the 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:

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

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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. Please be as specific as possible in your description.

Project Start Date:

Project End Date:

Will you receive funding from other organizations for this project? (Yes or No)

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

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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