



RISA S. ROSENGARD FOUNDATION, INC.



## GRANT APPLICATION

### ***TO: PUBLIC CHARITIES PROVIDING SERVICES AND/OR CARE TO FAMILIES COPING WITH CANCER***

The **RISA S. ROSENGARD FOUNDATION, INC.** is an independent, non-profit, volunteer organization committed to providing grants to public charities for established or developing programs that assist families coping with cancer. Such programs could include but are not limited to: grief counseling and support group sessions, art and music therapy, therapy through group sports and physical activities, child care assistance, and career counseling for a surviving spouse. The vision for the Risa S. Rosengard Foundation is to provide assistance to families coping with cancer, either during or after treatment or bereavement.

If you are providing, or plan to provide, these services, you are invited to submit a grant to The Risa S. Rosengard Foundation, Inc. Requests will be evaluated in a timely fashion by the Board of Directors. Only one request per year will be considered from an organization. Budgets should be limited to \$5000 or less for this first year of operation of the Foundation.

Please provide the following information in six pages or less, including the application cover page:

1. A copy of the organization's most recent tax-exempt determination letter from the IRS
2. Brief history of the organization including date of establishment
3. Brief Mission Statement of the organization
4. Unique aspects of your program and its relationship to other similar programs
5. Purpose and amount of the grant requested and project budget
6. Anticipated results of the project
7. Other funding sources currently available for the project
8. List of officers, directors, number of paid staff and volunteers of the organization
9. Number of cancer patients and family members served each year

The Risa S. Rosengard Foundation, Inc. will fund only public charities and cannot consider requests for (i) individuals; (ii) organizations that do not have 501(c)(3) status; (iii) endowment funds; or (iv) religious affiliated projects. Grants will not be made to support an organization's annual operating expenses or to be used for the construction or renovation of an organization's facilities. Each grant recipient is required to furnish the Risa S. Rosengard Foundation, Inc. with a follow-up report detailing how the grant funds were utilized and the results. Failure to submit this information will preclude consideration for future funding to your organization. We further request that any funding granted to your organization be publicly acknowledged.

Please advise us of any publicity.

If you have any questions or to submit your application electronically, please contact:

[info@risarosengardfoundation.org](mailto:info@risarosengardfoundation.org)

Also mail a single copy to:

The Risa S. Rosengard Foundation, Inc.  
c/o 25 West Union Street  
Ashland, MA  
01721

**Brief** appendix material describing your organization may be included

**See our website at <http://www.RisaRosengardFoundation.org> for further information.**

Risa S. Rosengard Foundation, Inc. Grant Application Cover Page

Legal Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Financials for the year ending \_\_\_\_\_

Revenues: \$ \_\_\_\_\_ Expenses: \$ \_\_\_\_\_ Net Assets: \$ \_\_\_\_\_

**Clients/Patients: (Check all that apply):**

Adults  Children  Indigent  Minority or Religious Affiliation

Counseling  Medical Treatment Only  Hospice Care Only  Other (describe below)

Signature and title of person signing the application

\_\_\_\_\_

Signature and Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title