

Community Service Grant Request

FY 2017

Name of Agency: _____ Grant request: \$ _____

Contact Person / Title: _____ Phone: _____

Address: _____

City / Town: _____ Zip Code: _____

Email Address (if available) _____

Federal Employer Identification Number: _____

Number of Employees: _____ Number of Volunteers: _____

Project: _____

Target Population: _____

Number of people served as a result of this grant (if applicable): _____

Does the organization measure the performance of this project: _____

If yes, please describe: _____

Project Start Date: _____ Project End Date: _____ Frequency of Project: _____

Total funding the Agency is expected to receive in **FY 2016** from the State of Rhode Island. Please specify which state agencies provide funding and include community service grants:

Please list other sources of funding that are available to your Agency and note any affiliation with a national organization: _____

Description of Project (Briefly, the project and its purpose – you may attach additional information):

Does your agency spend any resources lobbying the General Assembly or others? _____

If yes, please describe spending and source of funding for this activity _____

Please list any employees or Board members of your organization who are elected officials or immediate family members of elected officials. Please indicate if Board members are volunteer or paid

Type of Annual Tax Form Filed: Form 990 Form 990-EZ Form 990-PF Form 990-N

Please enclose most recent filing (or you may note that it filed with FY 2016 grant report in advance of May hearing)

Certification

I hereby certify that the information included in this report is correct and represents the organization described.

Authorized Agent: _____

Title: _____

Date: _____

Please return the form along with any other supporting materials relating to your request no later than May 30, 2016 to:

House Committee on Finance
Community Service Grants
State House, Room 305
Providence RI 02903