

Rhodes to Success Foundation

Application for Financial Support

Restricted to local not-for-profits, schools, and registered service agencies



09

General Information and Application Instructions

APPLICATION DEADLINES

Applications are reviewed quarterly and must be submitted by the quarterly deadline. Below are the quarterly deadlines for fiscal 2009.

Quarterly Deadline	Application Review Date	Fund Distribution Date
Qtr. 1: February 28 th	March 6 th	March 27 th
Qtr. 2: May 29 th	June 5 th	June 26 th
Qtr. 3: August 31 st	September 4 th	September 25 th
Qtr. 4: November 27 th	December 4 th	December 28 th

Applications will be reviewed within the quarter they are received provided that they are received by deadline for that quarter. For instance: An application received on March 5th, 2009, would not be reviewed until June 5th, 2009. There are no exceptions to this rule; unless stipulated by the President and CEO.

AWARDS

The maximum amount awarded to any organization is \$5,000 per year. After an organization has received the maximum \$5,000 in support, they are ineligible to apply for support dollars until the following year. For instance, if your organization is awarded \$5,000 in May of 2009, your organization could not apply for support dollars until Qtr. 1, 2010. If your organization is awarded \$1,000 in April of 2009, you could re-apply for support [up to \$4,000] until the end of that calendar year.

Please read the application thoroughly and answer all questions completely. Incomplete applications will be rejected. If you have any questions on how to complete this application, please e-mail them to leiawhite@ymail.com

NOTIFICATION OF APPROVAL

If your application is approved for funding, you will be notified by US mail. In order to receive funding, you must agree to the terms and conditions of the foundation. The terms and conditions will be included in your award packet and must be executed prior to fund distribution.

Date Submitted: _____

Organization Name: _____

Organization Address: _____

Organization Website (if applicable): _____

Contact Name: _____

Contact Phone: _____

E-mail Address: _____

Dollar Amount Requested: _____

In the space provided, briefly describe the mission of your organization and/or your project:

Please describe how our support dollars will specifically be used to execute your goal, project, or event. Please tell us approximately how many youth will be reached and how our support will be impactful. Please feel free to attach budgets, reports, etc. if there is not enough space provided.

Please attach to this application:

- Staff list with titles
- List of Board of Directors [if applicable]
- Any marketing collateral that will help us understand the scope/mission of your organization and/or project
- 501 (c) (3) Letter of determination or Federal Tax Identification letter