

Community Partner Resilience Fund Application

Rhode Island Foundation

Before you begin...

By completing this application, you are confirming that federal actions, including executive orders, policy changes, funding freezes or reductions, and/or contract terminations, are directly impacting, or likely to impact, the finances and operations of your organization.

Organization Information

Total Organization Budget*

Character Limit: 20

Is your organization using a fiscal sponsor?*

Choices

No, we are a 501(c)(3)

Yes, we are using a fiscal sponsor

We are not a 501(c)(3) and we do not have a fiscal sponsor

Organization Affiliation*

What is your affiliation with the organization?

Choices

Paid staff member

Consultant

Board member

Volunteer

Other (please specify below)

Organization Affiliation (Other)

If you chose Other above, please specify.

Character Limit: 25

Fiscal Sponsor Information

Fiscal Sponsor Organization Name*

By entering this organization's name you are affirming that you, the applicant, have discussed this funding request and the organization, listed here, has agreed to serve as the Fiscal Sponsor for this application.

Character Limit: 150

Fiscal Sponsor Tax ID*

Character Limit: 12

Address Line 1*

Character Limit: 250

Address Line 2

Character Limit: 250

City*

Character Limit: 100

State*

Character Limit: 3

ZIP*

Character Limit: 11

Fiscal Sponsor Organization Chief Executive

Prefix

Character Limit: 10

First Name*

Character Limit: 100

Last Name*

Character Limit: 100

Title*

Character Limit: 100

Email*

Character Limit: 254

Phone*

Character Limit: 15

Extension

Character Limit: 6

Application Questions

Proposal Name*

Name of your proposal.

Character Limit: 100

Amount Requested*

We anticipate that Community Partner Resilience Fund grants may range from \$5,000 to \$50,000.

Character Limit: 20

Community Priorities*

Please identify the leading Community Priority with which your organization's work best aligns.

Choices

- Civic and Cultural Life
- Climate Action and Sustainability
- Education and Student Success
- Housing and Economic Mobility
- Healthy and Strong Communities

Impact of Recent Federal Actions

Funding Loss Impacts*

Which of the following impacts has your organization experienced, or do you anticipate, as a result of recent federal actions? Select all that apply.

Choices

- Decreased revenue
- Reduction in services your organization provides
- Increased costs (e.g. uncompensated increases in service need)
- Difficulty meeting payroll
- Difficulty paying rent/mortgage
- Difficulty paying utilities/internet/phone
- Staff-related challenges (e.g. shortages, resignations, burnout)
- Loss of technical assistance
- No impacts
- Other (specify below)

Funding Loss Impacts (Other)

If you selected 'Other' above, please explain.

Character Limit: 250

Federal Funding Sources*

Please indicate the source/s of impacted federal funding. Select all that apply.

Choices

- Direct federal loan
- Direct federal grant
- Direct federal contract
- State pass-through grant
- State pass-through contract
- Other (specify below)

Federal Funding Sources (Other)

If you selected 'Other' above, please explain.

Character Limit: 250

Frozen Funding*

Approximately how much funding has been frozen?

Character Limit: 20

Frozen Funding Detail*

Please indicate the percentage of your organization's budget comprised of federal funding that has been frozen and the source(s) of those impacted funds. *(Please be as detailed as possible, including program and/or contract names, their associated federal departments or agencies, and whether funding was passed through state or local government.)*

Character Limit: 1000

Reduced Funding*

Approximately how much funding has been eliminated or reduced?

Character Limit: 20

Reduced Funding Detail*

Please indicate the percentage of your organization's budget comprised of federal funding that has been reduced or eliminated and the source(s) of those impacted funds. *(Please be as detailed as possible, including program and/or contract names, their associated federal departments or agencies, and whether funding was passed through state or local government.)*

Character Limit: 1000

At-risk Funding*

Approximately how much funding is at risk?

Character Limit: 20

At-risk Funding Detail*

Please indicate the percentage of your organization's budget comprised of federal funding that may be at future risk and the source(s) of those impacted funds. *(Please be as detailed as possible, including program and/or contract names, their associated federal departments or agencies, and whether funding was passed through state or local government.)*

Character Limit: 1000

Funding Loss Description*

Please describe how federal action(s) have affected the community(ies) you serve, including any at-risk, underserved, and vulnerable populations (e.g. seniors/older adults, unhoused, low income, foster youth, food insecure, veterans, etc.).

Character Limit: 3000

Funding Loss - Other Impacts*

Please share any other impacts of existing or potential future federal actions on your organization (e.g. how increases or decreases in service demand affect the work, stability, or future of your organization).

Character Limit: 3000

Operating Sustainability*

Please describe the estimated length of time your organization will be able to continue operating given the overall impact of federal actions on your finances, mission, or work.

Choices

Less than 3 months

3 to 6 months

6 months to 1 year

1 to 2 years

2 years or more, but at highly reduced service levels

Long term, with little to no reduction in services

Unknown/not sure

Other (specify below)

Operating Sustainability (Other)

If you selected 'Other' above, please explain.

Character Limit: 250

Funding Loss Supports*

Which of the following capacity building services would your organization secure with the requested grant funding? Select all that apply.

Choices

Legal assistance

Scenario planning

Financial planning

Advocacy assistance

Communications support

Other (specify below)

Funding Loss Supports (Other)

If you selected 'Other' above, please explain.

Character Limit: 250

Attachments

Organizational Budget*

Please include your organization's budget for the current fiscal year with year-to-date actuals. This is not required for public schools and hospitals.

File Size Limit: 10 MB

IRS 501 (C) Tax Determination Letter (not a tax-exempt certificate)

This is required ONLY IF YOUR ORGANIZATION HAS NEVER APPLIED TO THE RIF FOR FUNDING. If an organization is serving as the fiscal sponsor for this project, please submit the 501 (c) tax determination letter for the fiscal sponsor.

File Size Limit: 10 MB

Fiscal Sponsor Agreement (if applicable)

If you are using a fiscal sponsor, please attach a copy of the signed agreement outlining the terms and conditions of the sponsorship.

File Size Limit: 10 MB

Application Completion

Application Completion*

To the best of your memory, how many hours did it take you to complete this application?

Choices

- Less than 4 hours
- 5-9 hours
- 10-14 hours
- 15-19 hours
- More than 20 hours

For Internal Use Only
