

[Before You Begin](#) [Organization Information](#) [Project Information](#) [Narrative](#) [Attachments](#) [Review My Application](#)

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Before You Begin

[Printer Friendly Version](#) | [E-mail Draft](#)

* Required before final submission

Opioid Settlement Impact and Recovery Grants - Basic Needs Support Application**Before You Begin**

- At any time, you may log into your account at https://www.GrantRequest.com/SID_5741?SA=AM to access saved and submitted requests.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.
- The system will time out after 45 minutes of inactivity. Be sure to save your changes by clicking 'Save & Finish Later'. To return to the application, select the grant in progress from the Applications landing page of your account, or use the link in the automatically generated email.

Organization Information

Organization Information

* Organization Name:

* Organization's Tax ID Number (EIN):

* Address:

* City:

* State:

* ZIP Code:

* Telephone Number:

(xxx) xxx-xxxx

Extension:

Fax:

(xxx) xxx-xxxx

Organization's website address:

Authorizing Official/Chief Executive Name:

Prefix

<None>

First Name

Last Name

Suffix

<None>

Authorizing Official/Chief Executive Title:

Authorizing Official/Chief Executive Email:

Contact Person

(If different from Authorizing Official/Chief Executive above.)

Prefix	First Name	MI	* Last Name	Suffix
<None> ▾				<None> ▾

Title:

Telephone:	Extension:

Cell Phone:

E-mail:

Fiscal Sponsorship

* Is your organization using a fiscal sponsor for this project/program?
If "No," please continue to the next section (Project Information).

No ▾

If an organization is serving as the fiscal sponsor for this project/program, please complete the following information. A signed agreement between the applicant and fiscal sponsor is also required and will be submitted via the Attachments tab of this application.

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.

Prefix	First Name	Middle Initial	* Last Name
<None> ▾			

Title

Office Address

City	State	Zip Code
	RI ▾	

Phone (xxx) xxx-xxxx	Extension	Fax

E-mail

Project Information

Project Information

* Project Title:

* Amount Requested:

* Date of project/program start up



* Expected project/program end date



* Please indicate which community your project primarily serves:

* Have you received funding from the Foundation for this project in the past?

Yes or No

Yes

If so, what was the grant number?

Narrative

Narrative

Please answer the following questions:

* **1. Please provide a brief project description, including project goals and your vision for success.**

Word count 0 of 300

* **2. Please describe the target population and geography/geographies of focus of your project. How are the activities of the project with these populations aimed at addressing racial, ethnic, or other disparities?**

Word count 0 of 300

* **3. Describe the key activities of the project. Please include your organization's strategy for identification, outreach and systems of distribution for the target population and how you will address racial, ethnic, and other disparities in need with your strategy.**

Word count 0 of 800

* **4. Name and describe the roles of any collaborators/partner organizations in your project and their relevant experience addressing the overdose epidemic.**

Word count 0 of 400

* **5. Please describe how you will assess progress towards the project goals. Identify any metrics you will track to understand progress, emerging insights, and measures of success.**

Word count 0 of 400

* **6. What is your approach to ensuring compliance with CLAS and ADA requirements?** Do you anticipate any challenges?

Word count 0 of 400

Attachments

Please attach the following documents:

- **Project Budget (required):** Please fill out the [Project Budget form](#) and attach it your application using the instructions below.
- **Operating Budget (required):** Please attach your organization's operating budget.
- **Financials (required):** Please include your organization's most recent audited financials or 990 if available, or your most recent board-approved financial statement.
- **List of Board of Directors (required)**
- **IRS 501(c) tax determination letter (not a tax-exempt certificate) is required ONLY IF YOUR ORGANIZATION HAS NEVER APPLIED TO THE RHODE ISLAND FOUNDATION FOR FUNDING.**

To ensure that the correct documents are being uploaded, please make note of the folder or location of the files that will be submitted to the Rhode Island Foundation.

DIRECTIONS FOR UPLOADING ATTACHMENTS TO THIS APPLICATION

1. Choose the appropriate attachment type below.
2. Click the *Choose File* button to search for the file you wish to upload. Select the file that you want to attach and then click the *Open* button.
3. Click the *Upload* button to attach the file to this application.
4. Repeat Steps 1-3 for each document.

Click *Review and Submit* to submit your application, or click *Save & Finish Later* if you need to return to the application at a later time. When your application is saved or submitted, you will receive a confirmation email that contains a link to your application account page.

* Project Budget

Please use [this template](#).

No file chosen

* Operating Budget

* Financial Statement

No file chosen

* Board List

IRS Tax Determination Letter

No file chosen