



RCCF # _____

Date of Application: _____

Legal name of organization applying: _____
(Name on IRS non-profit determination letter and as supplied on IRS Form 990.)

Year Founded: _____ Current Operating Budget: \$ _____

Executive Director: _____ Phone: _____

Project contact person and title:
 (if different from executive director): _____

Address for primary correspondence: _____

City/State/Zip: _____

Phone: _____ Fax: _____ e-mail: _____

List any previous support from RCCF in the last 5 years: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Dates of the Project: _____ Amount Requested: \$ _____

Total Project Cost: \$ _____

Geographic Area Served: _____

 Signature, Project Contact Person

 Date

 Typed Name and Title

 Signature, Executive Director

 Date

 Typed Name and Title



GRANT BUDGET FORMAT

Time period of this budget.

From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

PROJECT EXPENSES	TOTAL REQUESTED FROM RCCF IN THIS APPLICATION (\$2,500 maximum)	TOTAL EXPENSES FOR THIS PROJECT	
Salaries			
Payroll Taxes			
Fringe Benefits			
Consultants and Professional Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing and Copying			
Telephone and Fax			
Postage and Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (Specify)			TOTAL EXPENSES
TOTALS	\$	\$	

Indicate the REVENUE that applies to your project. (Use additional pages if necessary.)

REVENUE	Committed (Project revenue that has been promised.)	Pending (Project revenue that has not been confirmed.)	
Grants/Contracts/Contributions			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
Earned Income			
Events/Publications and Products			
Membership Income			
In-Kind Support			TOTAL REVENUE
Other (specify)			Committed + Pending
TOTALS			

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL COMBINED REVENUE

Indicate only the EXPENSES that apply to your project.

PROJECT EXPENSES	TOTAL REQUESTED FROM RCCF IN THIS APPLICATION (\$2,500 maximum)	TOTAL EXPENSES FOR THIS PROJECT	
Salaries		8,300	
Payroll Taxes			
Fringe Benefits			
Consultants and Professional Fees			
Insurance			
Travel <i>(presenters)</i>	232	568	
Equipment			
Supplies		160	
Printing and Copying	168	168	
Telephone and Fax		20	
Postage and Delivery	140	164	
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (Specify)	460	460	TOTAL EXPENSES
TOTALS	\$1,000	\$9,840	\$9,840

Indicate the REVENUE that applies to your project. (Use additional pages if necessary.)

REVENUE	Committed (Project revenue that has been promised.)	Pending (Project revenue that has not been confirmed.)	
Grants/Contracts/Contributions			
Local Government			
State Government	2,300		
Federal Government			
Foundations		1,000	<i>RCCF</i>
Corporations		1,025	
Individuals		1,355	
Other (specify)		1,310	
Earned Income			
Events/Publications and Products		2,550	
Membership Income			
In-Kind Support			
Other (specify)		300	TOTAL REVENUE Committed + Pending
TOTALS	\$2,300	\$7,540	\$9,840

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL COMBINED REVENUE.