

**The 2017 W. Russell Rylko Memorial Grant  
Award Application**

**Organization Name:**

\_\_\_\_\_

**Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Preferred Contact Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Project Manager:** \_\_\_\_\_

**1. Brief Description of Mission and History of the Organization:**

**2. Brief Description of Any Current Program/Project Currently Being Pursued:**

**3. Description of Proposed Program/Project:**

**4. Anticipated Program/Project Start Date and Duration:**

**5. Amount Requested (Not To Exceed \$10,000), include a budget for the amount requested**

**6. Brief Description as to Source of Additional Funding, if Total Program/Project Cost Exceeds \$10,000**

**7. Brief statement from a CPA or CPA firm attesting to the financial solvency of the Organization for the past two (2) years or copies of your last two (2) filings of your federal tax form 990 – XX. Extensive and/or voluminous financial data is neither required nor desired in this regard.**

**In view of difficulties experienced with receipt by email of previous Grant Applications, please submit original and five (5) copies of your 2017 Grant Applications by mail to Joseph McDonough, 5390 Post Road, Apt 9, East Greenwich, RI, 02818 postmarked no later than March 1, 2017. Submissions received after this deadline will not be considered. If not previously submitted, please include a copy of IRS letter indicating your federal 501 (c) (3) determination.**

---

**Authorized Representative Signature**

---

**Printed Name of Authorized Representative and Position**

---

**Date:**

---