

**Richard and Susan Smith Family Foundation
Small Capital Grants Program Application Questions**

Contact Information

First Name of Grant Writer

Last Name of Grant Writer

Title of Grant Writer

Email of Grant Writer

Phone Number of Grant Writer

Phone Extension

Notifications about this request will be sent to this email address

First Name of Executive Director/CEO

Last Name of Executive Director/CEO

Title (if not Executive Director)

Email of Executive Director/CEO

Phone Number of Executive Director/CEO

Phone Extension

Organization Address 1

Address 2

City

State

Zip Code

Is the mailing address different?

Organization Overview

Legal Name (if different than Organization Name)

Does the organization have a fiscal sponsor?

[If yes, please enter their name and IRS Tax ID (EIN) number]

Please select your organization type.

[Select one: Public Charity, Government Agency, Other]

If you selected "Other," please explain why.

Issue Area

[Select one: Cultural Vitality, Economic Mobility, Education, Health, Human Services, Youth Development, Other]

Organization Website

Annual Operating Budget (for current year)

Year Founded

Number of People Served Annually

Geographic Areas Served

(Please select all that apply: Greater Boston, Brockton, Chelsea, Fall River, Lawrence, Lowell, Lynn, New Bedford, Other)

Please provide a list of cities, towns, and/or neighborhoods served that are not captured above.

Organizational Mission Statement (100 words max.)

Please provide a concise description of your organization, its goals and objectives, programs and services, and the population served. (1,000 words max.)

Has your organization received ANY grants from the Richard and Susan Smith Family Foundation in the past?

[Select one: No, Yes]

[If yes] Please list all of the years in which your organization received a grant from the Richard and Susan Smith Family Foundation.

Project Description

Season/Year

[auto populates with spring or fall and year]

Project Type

[Select one: Facility Improvements, Furniture/Equipment, Technology, Vehicle, Other]

If you selected "Other," please explain why.

Amount Requested

Is the total project budget greater than this amount?

[Select one: No, Yes]

[If yes] Please note that the Foundation expects that, if awarded, a Small Capital Grant will cover the complete cost of a proposed project. These grants are not intended to fund portions of larger capital projects. Please explain why the total cost of the project you are proposing exceeds the grant amount which you are requesting.

Number of People Served by Project Annually

Please provide a 1-2 sentence summary of your capital request. [75 words max.]

Please provide a detailed description of your small capital project, explaining how it meets an important need, how it relates to your agency's mission, how it will enable the agency to increase its reach and/or depth of impact, who will carry out the project, and how the asset will be managed and supported in the future. (1,000 words max.)

Using the Upload button, please provide a project budget detailing how you propose to spend the requested funds. Please note, you do not need to submit an organizational budget/financial statement at this stage of the process. Please be sure to review the list of ineligible items on the Foundation's [website](#) and if you have questions, contact Foundation staff.

Is there any other information not captured elsewhere regarding your organization, project, community served, or anything else that you believe will help in our evaluation of your request? (optional) (300 words max.)