



THE ACTIVE CARES FUND GRANT GUIDELINES

The Rockland Community Foundation's (RCF) mission is to improve the quality of life for all people in Rockland County by increasing charitable giving and connecting donors to community needs which they care about most. Created by dedicated community leaders, the RCF is a public nonprofit charitable organization established as a permanent resource to make our Rockland County a better place for all of us to live and grow, for now and forever. We work with those who wish to ensure and improve the quality of life in Rockland County. We support a broad and diverse range of issue areas including the arts, education, community development, conservation, health, and human services. Our grant-making is local, Rockland County wide. Representing donors through separate funds that make up its endowment, the RCF encourages a sense of community by channeling much-needed resources to area organizations.

The Rockland Community Foundation provides superior donor services, awards grants and scholarships, ensures sustainability of philanthropic resources and serves as a leader, catalyst, and resource to positively impact our community. The RCF practices and encourages diversity, equity, and inclusiveness as fundamental values of community life. Income from its unrestricted endowments will be awarded in the fall and spring as grants to local nonprofit organizations. Applicants are encouraged to contact the RCF if they have questions.

The Active Cares Fund provides an application based process to respond to the needs of the Rockland community in times of life altering crises or in the aftermath of a tragic event or a disaster. Often in these situations the financial challenges outstrip the resources that are available to those who are affected. The Active Cares Fund can help those in need who may have nowhere left to turn.

Eligibility

The following are eligible to apply for grants:

1. Tax exempt/non-profit organizations located in Rockland County, New York
2. Tax exempt/non-profit organizations providing services to residents of Rockland County, New York (the organization must be able to document the number of residents in Rockland County being served)
Note: An organization may receive only one grant every twelve (12) months.
3. Individuals meeting the criteria in the application process

Please note that grants are not given to support:

- Debt reduction
- Underwriting of special events
- Fundraising campaigns, such as endowment, capital or annual campaigns, that do not reflect immediate need.
- Projects related to partisan politics or elections
- Schools, however grants may be made to support student/teacher community service programs to assist community needs at schools
- Religious organizations, however grants may be made to support non-religious programs provided through these institutions

Our Funding Focus

The Rockland Community Foundation focuses its grant making on the needs of the Rockland County Community. We look to fund programs that help build the capacity of Rockland County non-profits to address those needs. Our grant making committee will also consider requests from other non-profit organizations for programs that specifically and only address the needs of the Rockland County Community.

Awards

Grants made through this program will be determined by the Active Cares Fund Committee in cooperation with RCF Grants Committee.

Application

Download the online application. Go to www.rocklandgives.org to download information, instructions and the application.

Applications are considered upon receipt and awards are made to qualifying applicants generally within 30 days of receipt of the application. Please keep a copy of your application for your records.

Questions

Please call 845-947-2868 or infor@rocklandgives.org

Review Criteria

Each application will be reviewed on the following criteria:

- Individual: Does the crisis or event impact quality of life of one or more members of the household? Does the crisis or event impact the financial stability of the household? Has evidence of attempts seeking assistance from other agencies been included with the application? Have all other revenue sources been exhausted or proven to be insufficient? Has a list of all other financial assistance received, including insurance payments, been attached to the application.
- Organization: Does the organization meet the eligibility criteria? Is their purpose/mission clear and concise? Does the organization exhibit a capacity to utilize the grant effectively? What is the organization's grant history with the Community Foundation (number of grants applied for/awarded, past grant paperwork up-to-date, effectiveness, etc.)?
- Program/Project Request: How well does the request improve the capacity of the organization and improve its ability to serve their target population?
- Funding: Is the funding request clear and focused on the program/project described?
- Viability of Other Funding: If additional funding is needed to pursue the program/project/equipment or if only partial funding is granted, specifically how will program/project/equipment be funded?
- Quality of Application: Is the grant clear and concise? Were the application guidelines followed? Are the requested documents provided and well prepared?

Review Process

All applications will be rated on these criteria and reviewed by the Active Cares Fund Committee of the Rockland Community Foundation. This committee is comprised of community members and RCF Board of Directors representing all areas of Rockland County. All recommendations are reviewed, approved or declined by the Board of Directors of the Rockland Community Foundation.



ACTIVE CARES FUND GRANT APPLICATION *For Individuals*

Please type or print clearly

Applicant Name		
Mailing Address		
City	State	Zip
Telephone	Fax	
Additional Contact Name		
Emergency Address <i>(if applicable)</i>		
Email		
Phone		
Date(s) of Occurrence		

Include a statement about the challenge or crisis you and/or members of your household are facing. You may attach additional sheets if needed.

AMOUNT OF FINANCIAL ASSISTANCE REQUESTED

\$

COLLABORATIONS AND OTHER SUPPORT

Please tell us if you are receiving support from any other organizations.
(Include name of the organization(s) and amount of support requested and/or expected.)

Funding Alternatives
(What other avenues for assistance have you explored? Include name of organization and letters of determination indicating why no assistance was received)

DO YOU HAVE INSURANCE? **YES** **NO**

DID YOU FILE AN INSURANCE CLAIM? **YES** **NO**

Insurance Company
Amount claimed
\$
Did the insurance company provide any payment for your claim? <input type="checkbox"/> YES <input type="checkbox"/> NO
\$ <i>(Please attach proof of payment)</i>

If you do not have insurance or if you have losses that were not covered by insurance you may list items that you wish to be considered in this application. Please provide information such as photos, receipts and appraisals for any such items that can be helpful for the review process. Thank you.

COMMENTS

Is there any other information we might need to better understand your request.

I certify that the information furnished in this application is true and correct. I understand that any misstatements or falsifications may result in my disqualification.

Signature

Date

Print Name

**ONLY COMPLETED APPLICATIONS WITH ALL
SUBSTANTIATING MATERIALS WILL BE CONSIDERED**

Please submit your completed application to:

**The Rockland Community Foundation
THE ACTIVE CARES FUND
P.O. Box 323
New City, NY 10956**

This application may be downloaded from our website at www.rocklandgives.org

The Rockland Community Foundation can be of assistance to you as you prepare your grant application, please feel free to contact:

845-947-2868 or email info@rocklandgives.org

The Rockland Community Foundation **Active Cares Fund** provides grant awards throughout the year. Applications are reviewed upon receipt and awards are generally made within 30 days of receipt of the application.

Administrative use only

RCF # _____

Date Received _____ Approved _____ Notice sent _____

Check # _____ Date _____ Amount \$ _____

Comments: _____