

**OFFICIAL REQUEST FORM: Mr. & Mrs Raymond J. Riefler Memorial Enablement Fund (This Cover Page Must Be Used)**

Please use this form for submitting your proposal to the fund. You may attach **up to two (2) additional 8 1/2 X 11 sheets** (no more) to answer questions 1-16. **All questions must be answered and should be typed.**

**PROPOSALS MUST BE RECEIVED AT THE NETWORK OFFICE BY 2:00 P.M. WEDNESDAY OCTOBER 31, 2017. No exceptions will be granted.**

1. Title of Proposal: \_\_\_\_\_
2. Congregation/Organization submitting proposal:
3. Brief description and location of Congregation/Organization submitting proposal. (If an organization please describe its relationship to a local congregation(s)).

4. Amount requested? \_\_\_\_\_

5. Name, address and phone number of official contact person.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

If your project is funded do you agree to submit a report to the Network of Religious Communities nine months after receiving the money? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Signed \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

DATE RECEIVED \_\_\_\_\_ Ranking \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ Amount: \_\_\_\_\_

Comments:

8. Briefly describe the project you propose.

9. Identify the needs to be met by the project you propose.

10. What are your goals and objectives? What methods will you use to achieve your goals and objectives?

11. How will the success of the project be measured? Who will evaluate the project?

12. Are persons from the community being served to be involved in the planning, decision making and evaluation of the project? If so how?

13. Which of the six purposes of the Riefler Enablement Fund does your proposed project address? (Please refer to the description of the fund)

14 Please identify all resources that are now available or are being sought to support the project. (In addition to finances please identify volunteer time, staff time given by other organizations, supplies, and use of facilities.)

15. Is there anything else you would like us to know about your proposed project?

16. Would you be willing to accept less than the amount you requested if funds are limited?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

17: What is your proposed income and expense budget for the first (or next) year of the project ? If it is to continue after one year please describe how the project will be supported. Please use the attached budget form, for your financial information. **WITHOUT A CLEAR INCOME AND EXPENSE BUDGET FOR THE PROJECT YOUR PROPOSAL WILL NOT BE CONSIDERED.**

**INSTRUCTIONS FOR FORM Please fill out form or attach your own**

**Please complete the hi-lighted areas as well as you can; not all will apply to your project.**

**Please attached an income/expense budget for the organization sponsoring the project.**

**\*Remember the project must be sponsored by a congregation or religious organization.**

**YOU MAY ADD COMMENTS ABOUT YOUR BUDGET ON THIS PAGE.**

**PROJECT BUDGET SUMMARY**

Organization Name \_\_\_\_\_  
 Program/Project Name \_\_\_\_\_

**Project Time Period 2017**

**From**  **To**   
 m/d/y m/d/y

**Project  
Budget**

**Income Sources**

Government Grants		
Foundation and Corporate Grants		
United Way		
Individual Contributions		
In-Kind Support		.00

Reifler Funding Request		.00
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<b>Other Income</b>		
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<b>Total Income</b>		<b>.00</b>
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**Expenses**

Salaries and Wages		<b>.00</b>
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Employee Benefits and Taxes		
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Total Personnel Costs	•	<b>.00</b>
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Equipment purchase		.00
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Insurance Expense		
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Advertising		
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Postage and Telephone		
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Training		
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Professional Fees		
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Rent and Occupancy		
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Supplies and Materials		
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<b>Beta SP Conversion Service</b>		.00
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<b>other</b>		
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Miscellaneous Expenses		.00
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Total Non Personnel Costs	•	<b>.00</b>
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<b>Total Expenses</b>		<b>1. .00.</b>
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<b>Balance of Revenue over Expenses</b>		<b>2. .0.0</b>
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<b>Parent Organization Budget (Income)</b>		<b>• .00</b>
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