



Dear Prospective Grantee,

The Gencorp Insurance Charitable Foundation is currently accepting grant applications for requests under \$4500 for the fall grant cycle. In order to review your request, the following grant application must be filed with the Foundation. You must also provide a copy of your IRS letter declaring your status as a 501 (c)(3) organization. Supporting materials describing your project and organization's mission are also helpful. All requests must meet the criteria established in our mission and vision statements as stated below. Preference will be given to organizations serving children whose combined family income is at or below the poverty level. Typical grant awards are in the range of \$1000 - \$2000 per organization and are announced in mid-November and dispersed by mid-December.

The Gencorp Insurance Charitable Foundation supports non-profit charitable organizations with established social programs in Rhode Island that provide quality education, healthcare, or disaster relief to children of financially disadvantaged families. We acknowledge the outstanding work that is done each year by many local non-profit organizations to help economically disadvantaged children in Rhode Island. GICF believes every child deserves the opportunity to overcome the circumstances of their youth and grow beyond the limits set by their surroundings. Our goal is to financially support the individual child through educational, health and other established social programs that they may have every opportunity to become valuable citizens of our state.

This application can be mailed, faxed or e-mailed to:

Elisa Cardone
Secretary, Board of Directors
Gencorp Insurance Charitable Foundation
16 Main Street
East Greenwich, RI 02818
Tel: (401) 884-7800 x137
Fax: (401) 884-0290
E-mail: ecardone@gencorp-ins.com



GRANT APPLICATION

Please answer all of the questions on this page; attachments and supporting materials may be submitted. Deadline: September 30th.

Legal name of organization: _____

1. Telephone: _____ Fax: _____
2. Street address of organization: _____
3. City: _____, RI zip code: _____
4. Website: _____
5. Name of Executive Director / Chief Executive Officer (CEO): _____
6. Telephone/Fax/E-mail: _____
7. Name of Contact Person for this Application: _____
8. Title: _____ Telephone/Fax/E-mail _____
9. Principal purposes and services of your organization (attach separate sheet if necessary):

10. Geographic Area(s) served: _____
11. Number of children served annually: _____
12. Percentage of children served whose combined family income is at or below the poverty level _____
13. Number of employees: _____ full-time; _____ part-time; _____ volunteers
14. Specific purpose for which funds are requested(attach separate sheet if necessary):

15. Is this a new program? Yes No If no, how long has program existed? _____
16. Amount requested: _____; Period of time in which funds will be spent: _____
17. Organization's total budget: _____; Project's budget: _____
18. Fiscal Year: _____
19. Does your organization receive support from United Way, Combined Health, Arts Council or other federated funds: Yes No
20. Letter from IRS stating 501 (c)(3) tax status: Yes No (please attach copy)

Signature of Executive Director/CEO, Board Chair, or Authorized Representative