The Roothbert Fund, Inc.

475 Riverside Drive, Room 252 New York, NY 10115-0252 phone: 212.870.3116

fax: 212.870.3373 www.roothbertfund.org IMPORTANT NOTE: This is a three-page form; all pages must be completed and submitted, or the Fund cannot consider the application.

APPLICATION FOR GRANT FOR FELLOWS' PROJECT

| Name | | |
|---|----------------------------|--|
| Project Title | | |
| Project Description (one sentence): | | |
| | | |
| ABOUT YOU | | |
| Name | Telephone (with area code) | |
| Fax (with area code) | E-mail address | |
| Address | | |
| City | State/ Zip | |
| Your present occupation or activity: | | |
| What was your field of study while on stipend | and where did you study? | |
| | | |
| Educational status: i.e., last degree | | |
| Earned at | | |

ABOUT YOUR PROJECT

Please affach a description of your project in no more than 1,000 words. Be sure to include the background of the project, a clear statement of its purpose, who will benefit from it, what will be gained, how it will affect you and other Roothbert Fellows (if any).

Include in this description the main steps your project will involve, including (as appropriate) planning, fundraising, recruiting or promotion, meetings and publications. Give the dates by which you expect each part to take place and indicate who is responsible for each step.

Most importantly, what will your personal role be in the planning and implementation of the project?

ABOUT YOUR BUDGET

Please provide in Column I information on the total cost of your project and in Column II the amount you are requesting from the Roothbert Fund. Please remember that funds are rarely granted for overseas travel or for the publication of books, journal articles and the like. Funds are never granted for Fellows' "salaries" or cost of living expenses.

BUDGET PROJECTIONS EXPECTED EXPENSES (please be specific)

| EXI LCTLD EXTENSES (pieuse de specific) | Total Cost | Amount Requested |
|--|----------------------|------------------|
| Payments to people (other than Fellows)* | | |
| Facilities | | |
| Materials and supplies | | |
| Services: printing, design, etc. | | |
| Travel/transportation | | _ |
| Communication: postage, telephone, etc. | | |
| Other | | |
| TOTAL EXPENSES | | |
| *Name and position: | | |
| *Name and position: | | |
| SOURCES OF FUNDS (please be specific) | | |
| If funds are, or are likely to be, available from other source | s, please list here: | |
| | Secure | Probable |
| Other grants Contributions or fees from those who benefit from the project | | |
| Your own funds | | |
| Other | | |
| TOTAL INCOME, expected (not counting this grant) | | |
| AMOUNT REQUESTED FROM THE ROOTHBERT FUND | | |

MORE ABOUT YOUR BUDGET

| If the Roothbert grant, plus funds known to be available from other sources, still leaves a deficit, how do you plan to secure the additional funds? | | | |
|--|---|--|--|
| | | | |
| What services, faciliti | es, and/or other resources will be contributed, and by whom? | | |
| | | | |
| | sorship by an institution that is tax-exempt under Section 501 (c)(3) of the Internal Revenue Code. what sponsoring organization should the check be made? | | |
| EVALUATION | | | |
| • • | propriate, the manner in which your project will be evaluated and with whom the results will be expect the long-term impact of the project to be? | | |
| | | | |
| Fund will expect to red Should the project ext | ald your project be funded, within six months of receipt of Fellows' Project funds, the Roothbert ceive a report indicating how the funds were spent and how the goals of the project were achieved. end beyond a six-month period, the committee will expect to receive an interim report at the end s, and a final report at the completion of the project. | | |
| APPLICANT'S STATEM | ENT | | |
| I hereby apply for a gr | ant from the Roothbert Fund for the purposes stated above. | | |
| Date | Signature of applicant | | |
| Date | Signature of applicant | | |
| Date | Signature of applicant | | |