



FRIENDS OF ROCKINGHAM COUNTY AGING ADULTS FUNDING APPLICATION REQUIREMENTS

Friends of Rockingham County Aging Adults (FRCAA) is a 501(c)(3) nonprofit organization whose mission is to raise and help provide funds to support other 501(c)(3) nonprofits that aide the elderly and disabled in New Hampshire's Rockingham County. These funds allow their clients to attain or maintain independence in their home and community.

Organizations requesting funds must:

- Meet the criteria of FRCAA's mission above
- Provide FRCAA with an explanation of how the funds will benefit their Elderly and/or Disabled clients
- Provide FRCAA with an estimate of:
 - Current number of elderly and/or disabled clients you serve
 - Number of elderly and/or disabled clients will benefit from these specific funds

Applications may be submitted at any time; however, funds are approved on a quarterly basis. **Deadlines are as follows:**

- March 15: Approved funds to be distributed the first week of April
- June 15: Approved funds to be distributed the first week of July
- September 15: Approved funds to be distributed the first week of October
- December 15: Approved funds to be distributed the first week of January

Organizations are encouraged to plan ahead and apply for funding prior to the deadline. Unfortunately, we are unable to expedite or approve funding outside of the deadlines.

The following organizations are not within our mission's criteria:

- Churches
- Government
- For-profit
- Organizations that do not serve the elderly and/or disabled
- Organizations that do not reside in Rockingham County, NH
- Organizations whose funds will not assist to attain or maintain their clients' independence in their communities
- Organizations that are not a 501(c)(3) nonprofit

_____ We have read and understand the above requirements for funding from the Friends of Rockingham County Aging Adults (please initial)



FRIENDS OF ROCKINGHAM COUNTY AGING ADULTS

APPLICATION FOR FUNDING

SUBMIT COMPLETED APPLICATION TO: INFO@FRCAAINC.ORG; SUBJECT LINE "FUNDING REQUEST"
Or Mail to FRCAA, PO Box 445, Windham, NH 03087

Friends of Rockingham County Aging Adults (FRCAA) is a nonprofit organization that raises and helps provide funds to support other nonprofit businesses that aide the elderly and disabled in New Hampshire's **Rockingham County**. These funds allow their clients to attain or maintain independence in their home and community. Organizations requesting funds must meet the criteria of our mission.

NAME OF ORGANIZATION: _____

FEDERAL TAX ID NUMBER: _____

ADDRESS: _____

MAILING ADDRESS, IF DIFFERENT: _____

PHONE: _____ EMAIL: _____

WEBSITE URL: _____

CONTACT PERSON NAME & TITLE: _____

HAVE YOU RECEIVED FUNDING FROM FRCAA IN THE PAST?: _____ **IF YES:**

AMOUNT RECEIVED: _____ DATE RECEIVED: _____

MONEY WAS USED FOR: _____

PROVIDE A **BRIEF** DESCRIPTION OF YOUR ORGANIZATION, ITS MISSION AND FUNDING SOURCES (Please do not attach lengthy documentation or brochures):

DO YOUR CLIENTS: RESIDE IN ROCKINGHAM COUNTY?: _____ ARE THEY DISABLED AND/OR ELDERLY?: _____

ESTIMATED NUMBER OF ELDERLY AND/OR DISABLED CLIENTS YOU CURRENTLY SERVE: _____

ESTIMATED NUMBER OF YOUR CLIENTS WHO WILL BENEFIT FROM **THESE SPECIFIC FUNDS**: _____

PROVIDE A THOROUGH, COMPLETE SUMMARY OF WHY YOU ARE REQUESTING FUNDS (NOTE: IF REQUESTING A SPONSORSHIP TO AN EVENT, PLEASE ATTACH A DOCUMENT WITH SPONSORSHIP OPTIONS AND ANY ADDITIONAL ADD-ON BENEFITS, IF APPLICABLE. EXAMPLE OF AN ADD-ON: EXTRA TICKETS TO AN EVENT).

AMOUNT REQUESTING: \$ _____ DUE DATE: _____

NOTE: THE MAXIMUM FUNDING ALLOWED PER REQUEST IS \$5,000. MAXIMUM PER YEAR IS \$10,000.

AUTHORIZED SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR REQUEST FOR FUNDING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT **CONNIE YOUNG AT (603) 461-2029. APPLICATIONS ARE PROCESSED ON A QUARTERLY BASIS; PLEASE ALLOW ADEQUATE TIME FOR PROCESSING. WE ARE UNABLE TO EXPEDITE FUNDING APPROVALS.**

TO BE COMPLETED BY FRCAA:

Application Approved: YES: _____ NO: _____ Amount(s) Approved: _____

If NO, why: _____

Applicant Advised Date: _____ By: _____

Check Mailed: _____ Check #: _____