

THE RETIREMENT RESEARCH FOUNDATION

Proposal Cover Sheet Organization's Profile and Project Information

Instructions: Please complete this cover sheet, print it, and attach it to your full proposal. The first section applies to your organization. The second section applies to the specific project for which your organization requests funds. The tab key can be used to move to different sections. If you have questions, feel free to contact us at 773-714-8080 or info@rrf.org. Thank you.

I. Organization Information:

Name of Organization: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Website Address: _____ Year Incorporated: _____

Fiscal Year Begins: _____ Number of Full Time Equivalent Staff: (FTE) _____

Mission: _____

For all applicants (except universities, which may proceed to section II):

Describe any recent or expected leadership changes (e.g., new CEO, interim management):

Board Information: Number of Board members: _____ Number of times/year Board meets: _____

Total contributed by Board in past fiscal year: \$ _____ Number of Board members that contributed: _____

Organization has current Strategic Plan? Yes No Date completed _____

Organization has current Fundraising Plan? Yes No Date completed _____

List the top three (non-governmental) financial contributions received in past fiscal year:

Example: ABC Foundation	\$35,000/ one year	1/25/2009
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II. Project Information:

Project Title: _____

Purpose: _____

Project Director Contact Information:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Check if you would like to be added to RRF email group

Estimated Project Start Date: _____ Estimated Project End Date: _____

Total Cost: \$ _____ Amount Requested of RRF: \$ _____

Check interest area to which your project relates:

- Economic security
- Affordable and supportive housing
- Care coordination/ Transitional care
- Person-centered long-term care
- Mental health
- Other, please specify _____

If funding is requested for direct service, program replication, or advocacy, indicate the target population to be addressed (estimate if needed):

- 1) number to be served, engaged, or affected by project: _____
- 2) percent ages 60 or older: _____
- 3) racial/ethnic/other diversity characteristics: _____
- 4) percent of population that are low-income: _____
- 5) geographic area: _____
- 6) other conditions targeted by the project (disease, disability, etc.) if applicable: _____

Signature of CEO Date Signature of Board President/Chair Date

Name of CEO above (print) Name of President above (print)

Title of CEO above

CEO contact information: Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____