

FY25 THRIVE Grant Program

Rhode Island Humanities

Eligibility Check #1: Location, Audience, Nonprofit Registration, and Budget

Welcome to the FY25 RI Humanities THRIVE application! For more information about the program, please consult the THRIVE website: <https://rihumanities.org/grants/grantmaking-thrive/> For questions, please reach out to grants@rihumanities.org.

These first two sections check your organization's eligibility for the THRIVE program.

Organization Location*

Is your organization located in Rhode Island?

Choices

- Yes
- No

Organization Audience*

Does your organization primarily serve Rhode Island residents and visitors?

Choices

- Yes
- No

Current Fiscal Year Annual Operating Budget*

Is the annual operating budget for your organization in your current fiscal year \$150,000 or less?

Choices

- Yes
- No

State Non-Profit Registration*

Is your organization a registered nonprofit corporation in good standing with the Rhode Island Department of State?

Choices

- Yes
- No

If you answered "Yes" to the above questions, you have passed the first eligibility check! Please continue onto the next section of the application.

If you have answered "No" to any of these four questions, you are unfortunately not eligible for this grant program.

Please contact Grants staff at grants@rihumanities.org with any questions.

Eligibility Check #2: Organization Type

Please answer the remaining eligibility questions based on the provided definitions for cultural heritage organizations and local historical and/or preservation societies.

Cultural Heritage Organization Eligibility*

Cultural heritage organization: an organization whose mission and programs include a focus on the preservation, perpetuation, and promotion of heritage, histories, and/or cultural practices and traditions representative of a particular culture and/or people.

Does your organization meet the above definition of a cultural heritage organization?

Choices

- Yes
- No

Local Historical and/or Preservation Society Eligibility*

Local historical and/or preservation society: an organization whose mission and programs are dedicated to the preservation, perpetuation, and promotion of the history and culture of a particular place.

Does your organization meet the above definition of a local historical and/or preservation society?

Choices

- Yes
- No

If you answered "Yes" to either or both of the above questions, you've passed the second eligibility check! Please continue with the application.

If you answered "No" to both questions, you are unfortunately ineligible for this grant program.

Please contact Grants staff at grants@rihumanities.org with any questions.

New or Returning THRIVE Applicant

Please answer the questions in this section before completing the rest of the application.

New or Returning THRIVE Applicant*

Please indicate if you are:

- a **new** applicant to the THRIVE program (this organization did not apply for a previous round of THRIVE funding);
- or a **returning** applicant to the THRIVE program (this organization applied to a previous round of THRIVE funding).

Only your application history to the THRIVE program is relevant; you should not take into account your application history for any other RI Humanities grantmaking programs.

Choices

New THRIVE applicant

Returning THRIVE applicant

Previously Funded Applicant

If you previously applied for THRIVE funding, please indicate whether your organization previously received funding through the THRIVE program.

Choices

Yes, our application was accepted and we received funding.

No, our application was declined and we did not receive funding.

Organization Contact Information

Organization Legal Name*

Please provide the legal name of your organization.

Character Limit: 250

Alternative Organization Name

If different than the name listed above, please provide the name that your organization does business as.

Character Limit: 250

Organization Mailing Address*

Please enter your organization's **full mailing address** (Street Address, City, State, Zip Code).

Character Limit: 250

Organization Physical Address

If different from the mailing address, please enter your organization's **full physical address** (Street Address, City, State, Zip Code).

Character Limit: 250

Organization Phone Number*

Character Limit: 250

State Legislative and US Congressional Districts

Knowing your organization's State Legislative and US Congressional Districts is important. We notify legislators what projects are receiving grants in their district so they understand how RI Humanities is distributing taxpayer money and that we are doing so in their districts. We also encourage you to reach out to your legislators and invite them to your organization's programs and let them know of your successes and accomplishments. For your legislators to do their work well, they need to hear from you and understand how your work is important to your community.

To answer the following questions, please visit the Rhode Island Secretary of State's website to Find Your Elected Officials (<https://vote.sos.ri.gov/>). You will do so by entering your organization's mailing address or physical address. This will show you your organization's State Representative district, State Senate district, and US Congressional district.

Address Used*

Which organizational address are you using to determine your State Representative, State Senate, and US Congressional Districts? If you have separate mailing address and physical address, please use the one that best represents where your public-facing activities occur.

Choices

Mailing address noted above
Physical address noted above

STATE REP: Rhode Island House District of Applicant Organization*

Please enter the Rhode Island House of Representatives district in which your organization's address is located. This is a number from 1 through 75, and can be found by entering your organization's address information at <https://vote.sos.ri.gov/Home/PollingPlaces?ActiveFlag=3>

Character Limit: 2

STATE SENATE: Rhode Island Senate District of Applicant Organization*

Please enter the Rhode Island Senate district in which your organization's address is located. This is a number from 1 to 38, and can be found by entering your address information at <https://vote.sos.ri.gov/Home/PollingPlaces?ActiveFlag=3>

Character Limit: 2

US CONGRESSIONAL: US Congressional District of Applicant Organization*

Please enter the district (001 or 002) of the United States House of Representatives in which your organization's address is located. In Rhode Island, it is either District 001 or District 002. To find your Congressional district, please visit <https://vote.sos.ri.gov/Home/PollingPlaces?ActiveFlag=3>

Character Limit: 3

Authorized Officials Contact Information

For the THRIVE Grant Program, two authorized officials are required from each applicant organization.

The authorized officials of the organization are required to have legal and fiduciary oversight at your organization. Organizational positions that authorized officials hold include Executive Director, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chair of the Board, Board Treasurer, or Board President. Typically, these individuals are authorized to sign contracts and checks on behalf of the organization.

In the event of an award, the authorized officials are responsible for the scope of work and budget described in the grant application. They must serve as signatories on this application and for any grant awarded.

Authorized Official 1 Name*

Character Limit: 250

Authorized Official 1 Organizational Role*

Character Limit: 250

Authorized Official 1 Email Address (direct)*

Character Limit: 250

Authorized Official 1 Phone Number (direct)*

Character Limit: 250

Authorized Official 2 Name*

Character Limit: 250

Authorized Official 2 Organizational Role*

Character Limit: 250

Authorized Official 2 Email Address (direct)*

Character Limit: 250

Authorized Official 2 Phone Number (direct)*

Character Limit: 250

Project Name and Start/End Dates

Project Name*

Our grants management system requires applicants to manually enter in the name of the grant program they are applying to.

Please type "FY25 THRIVE Grant Program" into the field below.

Character Limit: 100

Grant Start Date*

The start date for FY25 THRIVE grants is December 13, 2024. Please select "December 13, 2024" from the drop-down menu.

Choices

December 13, 2024

Grant End Date*

The end date for FY25 THRIVE grants is June 30, 2025. Please select "June 30, 2025" from the drop-down menu.

Choices

June 30, 2025

Organization Overview and Documentation -- New Applicant

Organization Mission Statement*

Please provide here your organization's mission statement.

This is a 1-2 sentence statement that summarizes your organization's purpose and focus. It is typically developed and approved by an organization's leadership and used for formal purposes (tax filings) as well as public communications.

An ideal response length is 1-2 sentences.

Character Limit: 1000

Communities Served by Your Organization*

Given the eligibility criteria for the program, it is likely that your organization primarily serves people from a particular heritage or cultural background and/or in a particular location. Please tell us here which communities, primarily, your organization serves.

Please be as specific as possible in your response; examples are very helpful. Please assume that readers of your response do not have any familiarity with your organization and/or communities.

An ideal response length is 1-2 paragraphs.

Character Limit: 3000

Organization Programs and Services*

Please briefly summarize the programs and services your organization offers to your communities, and to the public at large. If you have a standard description of your organization's programs and services that you use in public-facing communications, you're welcome to use that to answer this question.

An ideal response length is 1-2 paragraphs.

Character Limit: 3000

Current Fiscal Year Annual Operating Budget Overview*

With this question, we seek supporting documentation for your earlier statement that your organization's annual operating budget is \$150,000 or less.

Please upload here an overview of your organization's annual operating budget for your current fiscal year.

We are looking for an overall summary of your organization's budget for the current fiscal year. This could be a one-page Excel spreadsheet or PDF including total projected income and total projected expenses, with a breakdown of sources of income and categories of expenses.

In your summary, please only count operating expenses and not capital expenditures. This would mean including any expenses included on an annual income statement (rent, payroll, program expenses), but not including purchases or expenditures that become assets on your organization's balance sheet (investments, endowments, capital investments of property, equipment, furniture, etc).

An ideal response is a one-page document. Please contact us at grants@rihumanities.org with any questions.

File Size Limit: 2 MB

State Nonprofit Registration Documentation*

With this question, we seek supporting documentation for your earlier statement that your organization is registered as a nonprofit corporation in good standing with the RI Department of State.

Please upload here a PDF of the "Entity Summary" for your organization from the RI Dept. of

State's website.

You can find this by searching for your organization under "Search by entity name" on the RI DoS's entity database: <https://business.sos.ri.gov/corpweb/corpsearch/corpsearch.aspx>. Once you have found the record for your organization, please click on the "Entity Name" in the entity results to see your organization's "Entity Summary." Please download this summary as a PDF and upload it here.

For an example of RI Humanities's "Entity Summary" PDF, please click here: <https://rihumanities.org/wp-content/uploads/2024/01/RI-Humanities-Entity-Summary.pdf>

An ideal response is one PDF. Please contact grants@rihumanities.org with any questions.

File Size Limit: 2 MB

THRIVE Program-Specific Questions -- New Applicant

The THRIVE program prioritizes supporting organizations whose communities are reflected in their organizational leadership, and organizations who are making efforts towards strengthening diversity, equity, inclusion, and accessibility in their programs, services, and operations.

You will be asked to address these areas for your organization in the following two narrative questions.

Reflection of Communities Served in Organizational Leadership*

Earlier in the application, you identified the communities that your organization primarily serves. How does your organization's leadership (including Board, staff, and any other leadership roles) reflect these communities? Feel free to discuss community participation in organizational leadership, the composition of your organization's leadership, meaningful collaborations between your leadership and served communities, etc.

Please be as specific as possible in your response; examples are very helpful. Please assume that readers of your response do not have any familiarity with your organization and/or communities.

An ideal response length is 1-2 paragraphs.

Character Limit: 3000

Efforts towards Diversity, Equity, Inclusion, and Accessibility*

Please share an overview of any efforts your organization has made, or is in the process of making, towards strengthening diversity, equity, inclusion, and accessibility (DEIA) in your programs, services, and operations.

Please approach this answer in the way that makes the most sense for your organization and communities. We acknowledge that this work can be different depending on the histories, needs and resources of organizations and communities, and are interested to learn more about your efforts in these areas given your particular circumstances.

If your organization has been focusing these efforts on one or two areas of DEIA work (for example, improving the physical accessibility of your spaces, or creating a new program for an audience in your community you haven't served before), you are welcome to focus your response on those areas.

Please be as specific as possible in your response; examples are very helpful. Please assume that readers of your response do not have any familiarity with your organization and/or communities. If you are using particular definitions of diversity, equity, inclusion, and accessibility in your organization, or if you have other terms that you use for these concepts, please feel free to share those as part of your answer.

An ideal response length is 2-3 paragraphs.

Character Limit: 3000

Attestation of Request for Funds

Request Amount*

All awards made in the THRIVE grant program are for \$5,000. Please confirm that your organization is requesting this amount.

Choices

Yes, I request \$5,000 from the THRIVE program administered by RI Humanities.

Planned Use of Requested Funds

Planned Use of Funds

In this question, you will provide information on how you plan to use the requested funds. Your application will not be evaluated based on this plan. We are asking for this information for two reasons:

1. If you are awarded the grant, in the required final report, we will ask you to tell us how you spent the funds using these categories.
2. We would like to learn more about the operational needs of the organizations we serve in our grantmaking programs.

For each row, please select an expense type from the drop-down menu in the "Expense Type" column, and put the dollar amount you plan to spend towards that expense type in the "Amount" column. **Please ensure that the "Amount" column sums to \$5,000 (the final row in the table will automatically sum the column).**

If you select "Other" for your expense type, please provide more detail in the text box below.

Expense Type	Planned Amount

"Other" Expense Types / Additional Information (optional)

If you selected "Other" for any expense type, please provide more information about the expense type here.

You can also use this space to provide any additional information you would like to share about your planned use of funds.

Character Limit: 3000

Use of Funds Restrictions Agreement

Use of Funds Restrictions Agreement*

Awardees who receive a grant through this program may **NOT** use THRIVE funds for the following:

- Expenses unrelated to the operations of the grantee organization.
- Purchase of alcoholic beverages.
- Purchase of firearms, guns, and/or explosives.
- Purchase of land and/or construction of facilities.
- Purchase of gambling equipment or anything related to gambling.
- Competitive regranteeing, prizes, or awards.
- Donation or loans to other individuals or organizations.
- Placement of funds in the custody of any individual.
- Pre-award costs prior to December 13, 2024.
- Promotion of a particular political, religious, or ideological point of view; advocacy of a particular program of social or political action; support of specific public policies or legislation; lobbying; political activities.
- Transportation of voters or prospective voters to polling places.

- Any fundraising or for-profit efforts, such as social events or benefits.
- Payment for entertainment or amusement activities (subject to approval).
- Undergraduate or graduate school activities (activities which are part of a graduate or undergraduate degree program, or for which academic credit is received).

Do you acknowledge and agree to comply with these restrictions?

Choices

Yes, we acknowledge and agree to comply with these restrictions.

Authorized Official Attestations and Signatures

Authorized Official 1 Attestation and Signature*

I, Authorized Official 1, certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge. I attest that I understand my responsibilities as Authorized Official 1, and those of my organization as applicant, in submitting this application.

I also confirm that the filing of this application has been authorized by the governing body of this organization, and that I am authorized to file this application on behalf of this organization.

By applying, I agree to the grant program guidelines as detailed in the THRIVE FAQs. I also acknowledge that acceptance of an award also requires the agreement to additional award terms and conditions detailed in the grant agreement.

Authorized Official 1 Signature (please type below):

Character Limit: 250

Authorized Official 2 Attestation and Signature*

I, Authorized Official 2, certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge. I attest that I understand my responsibilities as Authorized Official 2, and those of my organization as applicant, in submitting this application.

I also confirm that the filing of this application has been authorized by the governing body of this organization, and that I am authorized to file this application on behalf of this organization.

By applying, I agree to the grant program guidelines as detailed in the THRIVE FAQs. I also acknowledge that acceptance of an award also requires the agreement to additional award terms and conditions detailed in the grant agreement.

Authorized Official 2 Signature (please type below):