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***The Massachusetts United for Puerto Rico Fund***

**Request for Proposal for Relocation Funding**

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| CONTACT INFORMATION | | | | | | | |
| Organization: | | | | | | | |
| Address: | | | | | | | |
| Executive Director and contact information: | | | | | | | |
| Contact for this proposal: | | | | | | Title: | |
| Phone: | | | Email: | | | | |
| Fax: | | | Website: | | | | |
| ORGANIZATION INFORMATION | | | | | | | | |
| Does the organization have US IRS 501(c)(3) status? | | | | Yes | | | No | |
| If no, please identify your fiscal agent or US intermediary:  *Please attach a letter of agreement from your fiscal agent or intermediary supporting this application.* | | | | | | | | |
| Briefly describe the mission and/or history of your organization in 3-4 sentences. | | | | | | | | |
| Is your organization Latino led? | | Yes  No | | | | | | |
| Total annual budget: | | | | | | | | |
| Total number of staff | Full time: | | | Part time: | | | | |
| Total number of Board members: | | | | Total number of volunteers: | | | | |
| Have you previously applied for a grant with MUPR?  Yes  No  Have you spoken to a committee member before applying?  Yes  No  (PLEASE NOTE that it is not necessary to speak with someone before submitting your application.) | | | | | | | | |
| **PROJECT INFORMATION** | | | | | | | | |
| Project name: | | | | | Project location:  Western MA  Central Ma  Greater Boston  New Bedford  Other | | | |
| Relocation project type:  Advocacy  Housing  Health/Mental Health Workforce/Employment  Transportation  School  Food Assistance  Resource Center  Other | | | | | | | | |
| Are you collaborating with other entities? Please check all that apply:  Direct Service organizations  Public agencies (please specify in question 5 below)  Schools/school districts  Organizations providing food assistance  Housing organizations  Health service organizations Workforce/Employment organizations  Transportation Services Other | | | | | | | | |
| Amount requested:       Total Project budget       (Range: $20,000-$50,000) | | | | | | | | |
| How many Puerto Rican evacuees are you serving currently?  Did these numbers change since September 2017? If so, please describe. | | | | | | | | |
| How are you currently assisting evacuees? | | | | | | | | |
| 1. Has your organization historically provided services to the Puerto Rican community in your area? If so, how? 2. Please describe your project and expected outcomes. (Timelines, pending funding requests and/or other sources of funding) 3. How will this grant help your project achieve its goals? 4. Is this a project you have done before? If so, how is your current project similar or different? 5. Please describe your collaboration with key partners in relation to this project. 6. Do you have the capacity to document your history in serving evacuees from Puerto Rico? (e.g. data, family needs information, or school enrollment) 7. Is there anything not covered in this RFP that you would like us to know? | | | | | | | | |

Thank you for your time.