**PITCH**

**APPLICATION FOR ADDITIONAL FUNDING**

Real Pathways RI Partnerships must use this form to apply for additional funding.

Once complete, the application package must be submitted to the partnership’s assigned Grant Advisor for processing.

# APPLICANT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Real Pathways Partnership Name** | | | |
| Lead Applicant Organization | **Lead Applicant Contact Person** First:      Last: | | **Contact Telephone** (   )     - |
| **Contact E-Mail Address** | | **Are you aware of any outstanding legal, regulatory, or taxation charge on the Lead Applicant Organization?  Yes  No**  If Yes, please describe: | |
| **Has your organization received funds from other entities in the last six (6) months that relate to the purpose for which you are submitting this application?  Yes  No**  If Yes, please describe: | |

# FUNDING REQUEST & TIMEFRAME

|  |  |
| --- | --- |
| Total Amount of this Request: $ | **Performance Period for this Request:**       /     /      to      /     / |
| **Target Industry and/or Region:** | |
| **Target Population (if applicable):** | |
| **List the Partnership’s current/active members:** | |
| **Provide a Brief Justification for this Funding Proposal:** | |
| **PITCH Project Title or Code Name (if desired):** | |

1. **REQUIRED ATTACHMENTS**

|  |
| --- |
| A **1-Page Proposal Brief** describing what the partnership has accomplished with prior Real Pathways RI funding and what the additional funding request will accomplish.  The **Scope of Work** for the requested funds including relevant **Program Management Plans** and **Metrics Tables**.  A detailed **Budget** showing how the requested funds will be spent and an **Invoicing Schedule**. |

By signing this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that any false information, omissions, or misrepresentations (whether intentional or unintentional) may result in denial of my request or, if my request is approved, may require the return of all or some of the awarded funds. I further understand that any awarded funds will be controlled by, and expended in compliance with, the terms of the Implementation Grant Award Agreement.

### Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_