



Reynolds Family Foundation, Inc.

Rooted in Community

Grant Application & Policy

RFF Inc was formed to offer solutions to needs in our community. We are not always able to accommodate all requests. In carrying out its fiduciary duties, the Board of trustees reserves the right to close a grant cycle at any time, based upon necessity. In addition, the Board reserves the right to make an exception, modify and adjust any provision of this policy.

Submission of Request

It is the sole responsibility of the requestor to provide all required documentation. Please be advised the RFF will not contact requestor for any missing documentation, incomplete applications will not be considered and will be discarded. Completed requests must include a fully completed application and a signed waiver. Applications may be submitted by email to reynoldsfamfdn@gmail.com, or by mail to RFF, 297 Rt 72W, Suite 35 #276, Manahawkin, NJ 08050.

Guidelines

Funding is provided by check made payable to requestor or guardian. You must have an active bank account to cash/deposit the check. Check must be cashed/deposited within 60 days or it will be voided. Requestor must currently reside in Ocean County, NJ.

PERSONAL INFORMATION

RFF use ~ ~ Date rec'd

Amount Granted

Full Name _____

If requestor is a minor, name of parent/guardian(s) _____

Street Address _____

City/State/Zip/County _____

Phone _____ Email: _____

Date of Birth _____ Age: _____ Gender: _____

Marital Status _____

Race (optional) _____

Number of dependents in household _____

Employment Yes _____ No _____

Current Employer _____

Other Resources Have you received money or applied to any additional foundations or organizations for assistance? If yes, please describe what was received:

How were you referred to our Foundation?

FINANCIAL INFORMATION

Do you rent or own? _____ Monthly mortgage/rent? _____

Gross Monthly Household Income: _____

Total fixed monthly expenses: _____

Have you previously requested assistance from RFF? _____

If yes, date & Amount Received

PLEASE PROVIDE US WITH ANY ADDITIONAL INFORMATION YOU THINK MIGHT HELP US MAKE A DECISION:

CERTIFICATION

I certify that the information provided in this request is true and correct. By signing below, I acknowledge that Reynolds Family Foundation, Inc (RFF) and its trustees, officers and volunteers have sole discretion in awarding or refusing to grant funds pursuant to this application for assistance. I further acknowledge the RFF and its trustees, officers, and volunteers are not obligated to make or continue such discretionary aid on my behalf. I understand and hereby acknowledge that RFF and its trustees, officers, and volunteers reserve the right to refuse or terminate any and all aid for any reason at any time and without notice.

LIABILITY WAIVER AND RELEASE

By signing below, I understand and acknowledge that RFF and its trustees, officers, and volunteers are not responsible for any errors, omissions, or failures to act of any party or entity conduction a specific activity on their behalf. I also understand and acknowledge that RFF and its trustees, officers, and volunteers are not responsible for the errors, omissions, acts or failure to act of any person or entity I may use this aid to pay.

BY SIGNING BELOW, I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE RFF, its trustees, officers, and volunteers from any and all claims, demands, damages, causes of action, losses or expenses that I may have at any time whatsoever for any and all injuries and/or damages of any nature against and person and/or entity names in this document that may result from my involvement with RFF, including but not limited to the receipt or request to receive assistance funds.

In addition, I agree TO HOLD HARMLESS AND INDEMNIFY RFF, its trustees, officers, and volunteers from any and all claims that may result from the actions, inactions, or negligence of any third party that may result from my involvement with RFF, including but not limited to the receipt or request to receive assistance. This includes any and all claims, torts, actions, including intentional, omissions, or acts of negligence.

I hereby certify that I am at least 18 years of age (or, if less than 18 years of age, have caused this Liability Waiver and Release to be signed by my parent or legal guardian).

This Liability Waiver and Release shall be governed by the laws of the State of New Jersey and any action, claim of proceeding under this Liability Waiver and Release shall be commenced exclusively in the courts of New Jersey or the United States District Court for the District of New Jersey. This Liability Waiber and Release may not be revoked, terminated or ended verbally, but only by a written instrument signed by me and an authorized representative of RFF. I expressly agree the this Certification, Waiver and Release is intended to be as broad and inclusive as is permitted by the laws of the State of New Jersey. All covenants contained herein are severable, and in the event of any being held invalid by any competent court, this Agreement shall remain intact except for the omission of the invalid covenant.

I HAVE READ AND INDERSTOOD THIS LIABILITY WAIVER AND RELEASE, HAVE HAD THE OPPORTUNITY TO HAVE LEGAL COUNSEL REVIEW THIS LIABILITY WAIVER AND RELEASE, AND I AM AWARE THAT BY SIGNING THIS LIABLILITY WAIVER AND RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WITH I OR MEMBERS OF MY FAMILY, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS MAY HAVE AGAINST RFF AND ITS TRUSTEES, OFFICERS AND VOLUNTEERS.

DATE: _____

APPLICANT NAME (print): _____

APPLICANT SIGNATURE: _____

If minor, parent/guardian signature: _____