



Gifts for Grooming

Rob's Barbershop Community Foundation, Inc.

2005 Tea Island Court,
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Phone (410) 519-2622
RBCF.com

Rob's Barbershop Community Foundation, Inc. (R.B.C.F.) Request for Application Form

Introduction

Your facility can be selected this year as a R.B.C.F. sponsored site for its Gifts for Grooming Program. The sponsorship could include installing and maintaining a full service barber-salon, receiving grooming and hygienic supplies and/or professional training sessions needed to service your clients. R.B.C.F. sponsorships last for a period of one year and can be renewable.

Please review the guidelines and answer the questions on the following pages and return the application by email not later than December 1, of the current year. R.B.C.F.'s Managing Director and the Board of Directors will then evaluate your application and consider your site for our grooming and hygienic sponsorship program.

About us.

R.B.C.F. is a local community charity that provides grooming products and equipment, hygienic supplies and training sessions for organizations serving individuals living at/or below the U.S. poverty guidelines.

Be sure to review the guidelines on page 2. Even if you do not have the current capacity to receive the free sponsorship, we are asking that you answer the questions and return it for the information you provide is valuable for it will assist us how to better serve the persons in the community who live below or at the U.S. poverty level.

Guidelines

1. Applying organizations must currently serve individuals or families living at/or below the U.S. poverty guidelines.
2. Applying organizations must demonstrate the capacity to fill-out and return client benefit forms on a monthly basis. Each client served must be documented on the client benefit form.
3. Applying organizations must have at least an area 5 feet wide by 7 feet deep area where a barber-salon can be installed in their facility.
4. Must have a cool dry room of any size to store grooming equipment and products and hygiene supplies. (Note: these supplies can be placed in a room with other non-perishable items).
5. If sponsorship is ratified, Rob's Barbershop Community Foundation must be listed on your organization's website as grooming program sponsor, with an appropriate link to the R.B.C.F. site.

1. Name of site _____

2. Address of site _____

3. City & State, Zip Code _____

4. Point of Contact _____

5. Phone _____

6. Our organization is in need of (check all that apply)

- _____ Grooming/hygienic supplies
- _____ Barber/styling salon (if so, list the number of grooming stations needed) _____
- _____ Hygienic training sessions for clients and/or staff
- _____ Other _____

7. Do you have a designated area for these activities that is at least 5' by 7'

- a) yes
- b) no

8. Inception of Organization _____

9. Circle the figure that best represents the range of your annual budget

- a) \$0 to \$100,000
- b) \$100,001 to \$200,000
- c) \$200,001 to \$300,000
- d) \$300,001 to \$400,000
- e) \$400,001 to \$500,000
- f) \$500,001 to \$1,000,000

10. How many individuals are currently employed by your organization (including contractual)

at your site _____

11. Number of individuals served by your organization on a monthly basis _____

12. Number of males served monthly _____

13. Number of females served monthly _____

14. Number of individuals aged above 18 _____

15. Number of individuals aged below 18 _____

16. Fill in the amount of each ethnic group served on a monthly basis

- Caucasian _____
- African-American _____
- Hispanic _____
- Asian-American _____
- Biracial _____
- Other _____
- Total _____

17. List the number of households served monthly in the proper annual income categories

- Household of 1 earning \$10,210 or below _____
- Households of 2 earning \$13,690 and below _____
- Households of 3 earning \$17,170 and below _____
- Households of 4 earning \$20,650 and below _____
- Households of 5 earning \$24,130 and below _____
- Households of 6 earning \$27,610 and below _____
- Households of 7 earning \$31,090 and below _____
- Households of 8 earning \$34,570 and below _____
- Total number of households _____

18. Circle the letter that best identify and describe your site. (Circle one)

- | | |
|-------------------------------------|----------------------------------|
| a) Residential/Transitional shelter | h) Daycare |
| b) Grade school | i) Medical facility |
| c) College | j) Social Service agency |
| d) Pantry | k) Addiction recovery home |
| e) Church | l) Facility for the mentally ill |
| f) Half way house | m) Other _____ |
| g) Community center | |

19. Rank in order of importance the services your facility needs the most with "1" being the most important.

- a) Haircutting services _____
- b) Hairstyling and chemical services _____
- c) Grooming products and equipment _____
- d) Hygiene products _____
- e) Training sessions for clients and/or staff concerning grooming and hygiene _____
- f) Scholarships for individuals entering the grooming profession _____

20. Rank in order of importance how grooming and hygienic services would benefit your target population. Start with "1" as being the most important.

- a) Provide your population with a service that they cannot regularly afford _____
- b) Enable your target population to attend school with a neat and clean appearance _____
- c) Enable your target population to attend job interviews with a neat and clean appearance _____
- d) Enable your target population to attend their place of employment with a neat and clean appearance _____
- e) Maintain the self-image of your target population _____
- f) Help the target population care for their hygiene and grooming _____
- g) Help the target population care for the grooming and hygienic needs of their family _____
- h) Prepare your target population for the grooming profession _____

21. Rank in order the barriers to grooming and hygienic services regarding your target population. Start with "1" as being the greatest barrier.

- a) Unable to regularly afford services of a professional grooming salon or barbershop _____
- b) Unable to secure transportation to a professional grooming salon or barbershop _____
- c) Unaware of the grooming salons and barbershops located in their community _____
- d) Other (please specify) _____

22. Please list the person (s) who will maintain the required benefit indicator forms.

Name:

Phone:

Email:

Name:

Phone:

Email:

