**Fall 2025 JCF Grants Application Working File for Applicants**

**Instructions:** For your convenience, you may use this template to input and save text that you will then upload to the JCF Grants application located at [www.jcfsnj.org/grants](http://www.jcfsnj.org/grants)

**1. Name of Lead Organization Applying:** Enter the name of the lead organization on this application, additional collaborating organizations can be listed below.

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**2. Contact Information of Primary Point Person:** This is the individual who will be in charge of implementing the program or service if a JCF Grant is awarded.

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 **First Name**

**Last Name**

**Email Address**

**Phone Number**

 **3. Contact Information of Grant Writer** (if different from the Primary Point Person; Enter N/A if the same person as above)

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**First Name**

**Last Name**

**Email Address**

**Phone Number**

**4. Name and Contact Information of Collaborating Organization(s) (as needed):**

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Please include the following for each organization, using a separate line for multiple organizations: Name of organization, first & last name of the organization's primary contact person for this program/service, and their email address, and phone number.

Enter "N/A" if there are no other collaborating organizations for this project.

**5. Title of Your Grant Request:**

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**What will you call your program/service? (75 characters max)**

**6. Dollar Amount Requested** (Note: This number will match what you input in the Q. #27: "Expenses Minus Income" field, at bottom.) $5,000 maximum request

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**7. Which Option Best Describes Your Request?**

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An organization can apply for funding for a NEW program or service that you would like to offer, or to EXPAND an existing/program or service, or reapply for a SECOND or THIRD round of funding to continue a previous JCF Grant you received.

Please select the following option that best applies to your request:

**Our organization would like to...**

**A. Launch a NEW program/service that is not in our organization's budget**

**B. EXPAND an existing program/service, and the proposed expansion is not in our budget**

**C. REAPPLY for a SECOND round of funding for a previous JCF Grant. (Max of 3 funding cycles)**

**D. REAPPLY for a THIRD round of funding for a previous JCF Grant. (Max of 3 funding cycles)**

**8. Indicate Previous JCF Grant Funding for THIS Request:** If you chose answer "C" or "D" for Q. #7, please indicate the JCF Grants cycle(s) and dollar amount(s) awarded for each previous grant received for this same program/service. If you did not receive previous funding for this request, enter N/A. Ex.: $3,000 received in Fall 2024 and $3,500 received in Fall 2023

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**9. Applying for a Second or Third Round?** Please incorporate any recap and/or data obtained from your previous round(s) of JCF Grant funding for this initiative. In addition, please describe what plans you have to raise sustainable funding to continue this initiative after JCF Grant funding ends.

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**10. Summarize Your Proposed Program/Service in One Sentence** (150 characters max)

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**11. Marketing Outreach:** In what ways do you anticipate being able to recognize JCF if awarded a grant? (Check all that apply.)

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**Flyer/brochure**

**Webpage**

**News article**

**Social media**

**Recognition at event**

**JCF in-person presentation**

**Other (please list)**

**12. Objective:**

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Describe the desired outcome your organization aims to achieve through JCF funding. What result do you hope to achieve?

**13. Need:**

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Describe the specific problem(s) or need(s) addressed in your proposal, including the target population and pertinent socio-demographic characteristics. Who will benefit?

**14. Method:**

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Include a description of the scope of the program or service, persons to be served, use of staff and volunteers, and coordination with other agency programs and services. What will the program look like?

**15. Impact:**

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Indicate the number of individuals you anticipate being directly impacted by the proposed program. (JCF seeks to fund programs with the greatest community impact.) How many people do you anticipate benefiting?

**16. Program/Service Launch & End Date(s):**

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Enter the proposed start and end date(s) of your program/service. This can be a specific date (i.e. January 15) or general time frame (i.e. January-March). If unsure, please indicate that as well but add any details regarding how you will determine the launch date, such as vendor's availability. Note: you will have until November 30 of the FOLLOWING year from applying to complete the program (deadline extensions may be available by request).

**17. How Will You Evaluate this Project? (Check all that apply.)**

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**Survey to attendees**

**Participant testimonials**

**Data results**

**Observed impact recap**

**Other (please list)**

**18. Questions about Your Organization:** If you have NOT received a JCF Grant within the past three years, please complete the following questions:

**Most Recent Year of IRS Form 990**

**IRS Tax Exempt Status, ex: 501(c)(3)**

**Month/Year of Incorporation**

**19. If you have NEVER previously received a JCF Grant, please upload your organization's Tax Exempt Certificate**

**20. Anticipated Income**

**Input any Income you anticipate having related to this program/service, along with a brief description of each source of income (enter "0" for each line where there is no income expected)**

|  |  |
| --- | --- |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |

**21. TOTAL for all Income listed above**

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**$**

**22. Anticipated Income Narrative:** Include any additional notes that you would like to accompany the Anticipated Income section above (Optional)

**23. Anticipated Expenses**

Input any Expenses you anticipate having related to this program/service, along with a brief description of each area of Expense

|  |  |
| --- | --- |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |

**24. TOTAL for all Expenses listed above**

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**$**

**25. Anticipated Expense Narrative:** Include any additional notes that you would like to accompany the Anticipated Expense section above. (Optional)

**26. Miscellaneous Document Upload:** If you have additional documents such as vendor quotes, more detailed information about the program/service you're looking to launch, etc. upload here:

**27. Expenses Minus Income:** Calculate your total of Expenses minus your total of Income, and this is what you will enter for your Dollar Amount Requested (Question #6) at top.

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