**Note for Applicant:** Please refer to the “Instructions for JCF Grants Application” document, regarding what information should be depicted. Questions? Contact the JCF at 856-673-2528 or infojcf@jfedsnj.org.

**Completed applications should be saved as a Word Doc or PDF and submitted via the form found at jcfsnj.org/grants.**

**Part I. Contact Information**

**Section A:**

|  |  |  |
| --- | --- | --- |
| **#** | **Grant Applicant Contact Info** | **Your Answer** |
| **1** | **Your Organization Name** |  |
| **2** | **Grant Applicant’s Name & Title** |  |
| **3** | **Mailing Address** |  |
| **4** | **City/State/Zip Code** |  |
| **5** | **Email Address** |  |
| **6** | **Phone Number** |  |

**Section B:**

|  |  |  |
| --- | --- | --- |
| **#** | **Program Coordinator Contact Info** | **Your Answer** |
| **1** | **Program Coordinator’s Name & Title** |  |
| **2** | **Email Address** |  |
| **3** | **Phone Number** |  |

**Part II. Organization Information: Please complete if you have NOT received a JCF Grant within the past three years.**

|  |  |  |
| --- | --- | --- |
| **#** | **Organization Background** | **Your Answer** |
| **1** | **IRS Tax Exempt Status** |  |
| **2** | **Month/Year of Incorporation** |  |
| **3** | **Most Recent Year of IRS Form 990** |  |
| **4** | **Copy of Tax Exempt Certificate** | (Please attach when submitting your application, if you have NOT previously been awarded a JCF Grant.) |

**Part III. Additional Attachments 🡺 Mark “X” here if attaching additional documents: \_\_\_\_\_\_\_\_\_**

**Part IV. Information about Your Grant Request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Grant Request Information** | **Your Answer** | | | |
| **1** | **Program Title** |  | | | |
| **2** | **Program Summary (one-sentence)** |  | | | |
| **3** | **Mark an “X” for Appropriate Option of New vs. Existing** | \_\_\_\_ This is a NEW program/service that is not in our organization’s budget.  \_\_\_\_ This is an EXISTING program in our budget, but we aim to expand it. | | | |
| **4** | **JCF May Match Grants, List Relevant Grant(s) Received & Dollar Value** |  | | | |
| **5** | **If Collaborating Organization(s): List Contact Name(s), and Phone/Email** |  | | | |
| **6** | **Dollar Amount Requested** | $ | | | |
| **7** | **If Your Org. Received One or Two Previous JCF Grant(s) for THIS Specific Program, Indicate Here** | Year: | Cycle: | | $ Awarded: |
| Year: | Cycle: | | $ Awarded: |
| **8** | **In What Ways Do You Anticipate Being able to Recognize JCF if Awarded a Grant?**  **(Mark an “X” for all that apply.)** | Brochure: \_\_\_\_  Website: \_\_\_\_  News Article: \_\_\_\_\_  Social Media: \_\_\_\_\_ | | Recognition at Event: \_\_\_\_\_  JCF In-person Presentation: \_\_\_\_\_  Other (please list): | |

**Part V. Additional Grant Request Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Grant Request Information** | **Your Answer** | | |
| **1** | **How Will You Evaluate this Project? (Check all that apply)** | Survey to attendees  Data results | Participant testimonials  Observed impact recap | Other (write in): |
| **2** | **Priority** **Rank (For Multiple Applications for this Cycle)** | The funding priority for this request is **#\_\_\_\_\_** out of **#\_\_\_\_\_** requests from this organization during this awards cycle. | | |

**Part VI. Describe Your Grant Request**

**(#1) Objective:**

**(#2) Need:**

**(#3) Method:**

**(#4) Impact:**

**(#5) Time Period:**

**(#6) Budget Narrative (additional notes that you have to accompany the Financial Worksheet that follows):**

**Part VIII. Financial Worksheet**

**Income Table**

|  |  |  |
| --- | --- | --- |
| **Anticipated Income Source/Brief Description** | | **Anticipated Income** |
| **Ticket Sales** |  | $ |
| **Sponsorships** |  | $ |
| **Other Grants** |  | $ |
| **Other Donations** |  | $ |
| **Other Revenue** |  | $ |
| **Other Revenue** |  | $ |
| 1. **Highlight the “$0” and Press F9 to Calculate the Total🡪** | | **$0** |

**Expense Table**

|  |  |  |
| --- | --- | --- |
| **Anticipated Expense/Description** | **Anticipated Expense** | **Vendor Researched**  **(Attach Price Quote)** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| 1. **Highlight the “$0” and Press F9 to Calculate the Total🡪** | **$0** |

**Dollar Amount Requested:**

|  |  |
| --- | --- |
| **Enter Total Calculated Anticipated Income (from #1 on Income chart)🡪** | **$** |
| **Enter Total Calculated Anticipated Expenses (from #2 on Expenses chart)🡪** | **$** |
| 1. **Amount You Will Be Requesting (highlight the “$0” and press F9)🡪** | **$0** |