

# 2026 JCF Spring Grants Cycle - Imported

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*Jewish Federation of Southern New Jersey*

## *501(c)(3) Qualifier*

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### **501(c)(3) Qualifier\***

Per JCF Grant requirements, this confirms that the organization I am applying on behalf of is an IRS-qualified 501(c)(3) non-profit or incorporated synagogue/church that may not have a 501(c)(3) designation, and has been in existence for at least one year.

#### **Choices**

Yes

No

## *Main Application*

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### **Grant Request Title\***

What will you call your program/service?

*Character Limit: 75*

### **Which Option Best Describes Your Request\***

An organization can apply for funding for a NEW program or service; or to EXPAND an existing/program or service; or to 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...

#### **Choices**

Launch a NEW or program/service that is not in our organization's budget

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

REAPPLY for a SECOND round of funding from a previous JCF Grant (max of 3 funding cycles)

REAPPLY for a THIRD round of funding from a previous JCF Grant (max of 3 funding cycles)

### **Summarize Your Proposed Program/Service in One Sentence\***

*Character Limit: 150*

### **Objective\***

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

*Character Limit: 1500*

**Need\***

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

*Character Limit: 1500*

**Method\***

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?

*Character Limit: 1500*

**Impact\***

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?

*Character Limit: 1500*

**Program/Service Launch & End Date(s)\***

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: If your request is approved for a JCF Grant, you will have until November 30 of the FOLLOWING year from applying to complete the program (deadline extensions may be available by request).

*Character Limit: 100*

**Anticipated Income**

Input any Income you anticipate receiving related to this program/service, along with a brief description of each source of income (Ex. Sponsorships; Ticket Sales; Donations; Other Grants)

	Brief Description of Income	Anticipated Income Amount
Ex. Sponsorship		
Ex. Ticket Sales		
Ex. Donations		

Ex. Other Grants		
Ex. Other Income		
Ex. Other Income		
Total		

### Income Narrative

Include any additional notes that you would like to accompany the Anticipated Income section above (Optional)

*Character Limit: 1200*

### Anticipated Expenses

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

	Brief Description of Expense	Anticipated Expense Amount
Ex. Salaries		
Ex. Benefits		
Ex. Program Supplies		
Ex. Transportation		
Ex. Other Expense		
Ex. Other Expense		

Ex. Other Expense		
Ex. Other Expense		
<b>Total</b>		

### Expense Narrative

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

*Character Limit: 1200*

### Grant Request\*

Calculate the grant request by subtracting the Expenses from the Income. (\$5,000 Max)

*Character Limit: 20*

### Second or Third Round

#### Indicate Previous JCF Grant Funding for THIS Request:\*

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

*Character Limit: 100*

### Recap & Data

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. You may "Upload a file," below, to include any attachments you would like to share with us..

*Character Limit: 1500 / File Size Limit: 2 MB*

### Evaluation & Marketing

#### Marketing Outreach\*

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

**Choices**

- Flyer/brochure
- JCF in-person presentation
- News article
- Recognition at event
- Social media
- Webpage
- Other (please list)

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

- Survey to attendees
- Participant testimonials
- Data results
- Observed impact recap

***Contacts and Collaboration*****Primary Point Person\***

Is there an individual other than yourself associated with your Organization who is in charge of implementing the program or service if a JCF Grant is awarded?

For example, you may be writing the grant request, but a colleague may be in charge of running the program that the JCF may fund. Please include the lead contact in case JCF has follow-up questions about this grant request.

**Choices**

- Yes
- No

**Collaboration\***

Will you be collaborating with any other organizations for this program/service?

**Choices**

- No
- 1
- 2
- 3
- 4
- 5

## *Contact Information for this Grant Request's Primary Point Person*

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**Primary First Name\****Character Limit: 75***Primary Last Name\****Character Limit: 75***E-mail address of Primary\****Character Limit: 254***Phone Number of Primary\****Character Limit: 75*

## *Collaborator 1*

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**Organization Name\****Character Limit: 100***First Name***Character Limit: 20***Last Name***Character Limit: 20***Phone Number\****Character Limit: 20***e-mail address\****Character Limit: 254*

## *Collaborator 2*

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**Organization Name\****Character Limit: 100***First Name***Character Limit: 20***Last Name***Character Limit: 20*

**Phone Number\***

*Character Limit: 20*

**e-mail address\***

*Character Limit: 254*

*Collaborator 3*

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**Organization Name\***

*Character Limit: 100*

**First Name**

*Character Limit: 20*

**Last Name**

*Character Limit: 20*

**Phone Number**

*Character Limit: 20*

**e-mail address**

*Character Limit: 254*

*Collaborator 4*

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**Organization Name**

*Character Limit: 100*

**First Name**

*Character Limit: 20*

**Last Name**

*Character Limit: 20*

**Phone Number**

*Character Limit: 20*

**e-mail address**

*Character Limit: 254*

## *Collaborator 5*

### **Organization Name**

*Character Limit: 100*

### **First Name**

*Character Limit: 20*

### **Last Name**

*Character Limit: 20*

### **Phone Number**

*Character Limit: 20*

### **e-mail address**

*Character Limit: 254*