**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 (brief)** |  | | | |
| **3** | **New or Existing Program?** |  | | | |
| **4** | **Funding for Program Expansion?** |  | | | |
| **5** | **JCF May Match Grants, List Relevant Grant(s) Received & Dollar Value:** |  | | | |
| **6** | **If Collaborating Organization: List Contact Name, and Phone/Email** |  | | | |
| **7** | **Dollar Amount Requested** | $ | | | |
| **8** | **If Your Org. Received One or Two Previous JCF Grant(s) for THIS Specific Program, Indicate Here** | Year: | Cycle: | | $ Awarded: |
| Year: | Cycle: | | $ Awarded: |
| **9** | **Anticipated Program Timeline** | Start Date: | End Date: | | Frequency: |
| **10** | **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. JCF Grant Funding Sources**

|  |  |  |
| --- | --- | --- |
| **#** | **Suggested Endowment Fund Source of Grant** | **Mark Selection(s) with “X”** |
| **1** | **Community Fund (default)** |  |
| **2** | **Fannie and Meyer Adleman Family (benefiting seniors)** |  |
| **3** | **Larry Lerner Memorial (for youth/substance abuse prevention)** |  |
| **4** | **Bush Refrigeration (for City of Camden, or Camden County Jewish or secular children)** |  |
| **5** | **Glenn Cohen Memorial (for youth musical/instrumental programs)** |  |
| **6** | **Keren Ami (for Jewish organizations)** |  |

**Part VI. Describe Your Grant Request**

**(#1) Objective:**

**(#2) Need:**

**(#3) Method:**

**(#4) Impact:**

**(#5) Time Period:**

**Part VII. Additional Grant Request Information**

|  |  |  |
| --- | --- | --- |
| **#** | **Grant Request Information** | **Your Answer** |
| **1** | **Additional Funding** |  |
| **2** | **Evaluation** |  |
| **3** | **Priority** **(For Multiple Applications for this Cycle)** |  |

**Part IIX. Financial Worksheet**

Income Table

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated Income Source/Brief Description** | | **Anticipated Income** | **Actual Income\*** |
| **Ticket Sales** |  | $ | $ |
| **Sponsorships** |  | $ | $ |
| **Other Grants** |  | $ | $ |
| **Other Donations** |  | $ | $ |
| **Other Revenue** |  | $ | $ |
| **Other Revenue** |  | $ | $ |
| **Total:** | | $ | $ |

Expense Table

|  |  |  |
| --- | --- | --- |
| **Anticipated Expense/Description** | **Anticipated Expense** | **Actual Expense\*** |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| **Total:** |  |  |

\*Note that Actual Income and Actual Expense should be left blank when applying, and these sections will be filled in, if the Grant is awarded, when your organization submits the JCF Grant Reimbursement Request Form.