Thank you for your interest in applying for a JCF Grant! Please use the JCF’s Grants Application form to submit your grant proposal. The following information will assist you when completing the form. If you have any questions when completing or submitting the form, please contact the JCF at 856-673-2528 or infojcf@jfedsnj.org.

**General Notes for Completing and Submitting the Application**

* Please answer all questions as completely as possible, including the Financial Worksheet. If you have additional relevant information or documents, please include them when you submit your application. Thank you.
* Each completed application must be submitted online via the form at [www.jcfsnj.org/grants](http://www.jcfsnj.org/grants).
* The application must be submitted by the JCF Grants Cycle’s specified due date and time.
* You may submit more than one application per cycle.
* **Document Saving Tips:**  1.) Continually save the document on your computer as you work on it and before submitting. 2.) The spacing on this application is flexible, so we invite you to expand the space for each question as needed. 3.) It is important to give detailed descriptions and budgeting information, and the JCF may contact you if any further information is needed.

**Part I. Contact Information**

* “Section A” is self-explanatory, just note that “Section B” should only be completed if the person who is coordinating the program is different from the person who is applying for the grant.

**Part II. Organization Information**

* In order to ensure that JCF Grants are awarded to qualified non-profit organizations, please complete this section, with the following information, if you have NOT received a JCF Grant within the past three years:
	+ **(#1) IRS Tax Exempt Status:** The JCF can only support qualified 501(c)(3) non-profit organizations, or synagogues/religious organizations that are incorporated but may not be 501(c)(3)-approved. Please indicate if your organization is a 501(c)(3) organization or other tax exempt status.
	+ **(#2) Month/Year of Incorporation:** Note that organizations must be in existence for at least one year to be eligible to receive a JCF Grant.
	+ **(#3) IRS Form 990:** The JCF may ask to review your most recent IRS Form 990, please indicate the year of your most recent 990. If you do not have a 990, we may not be able to fund your organization, unless you are a qualified synagogue/religious organization, as indicated above.
	+ **(#4) Copy of Tax Exempt Certificate:** Please indicate if you are able to provide your tax-exempt certificate, if needed, in order for the JCF to verify your organization’s tax exempt status.

**Part III. Additional Attachments**

**Additional Attachments are optional.** If you feel that the JCF would benefit by learning more about this program or your organization generally, please feel free to include it when submitting a grant request.

**Note:** Additional document(s) should be formatted for printing on 8.5 x 11” paper.

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

* **(#1) Program Title:** Include a brief title of what you aim to call this program when enacted.
* **(#2) Program Summary:** Please provide a one sentence overview of what the program will be.
* **(#3) Mark an “X” for Appropriate Option of New vs. Existing:** The JCF aims to fund new and innovative programming. Please indicate if your program is new to your organization, or if it is an existing program that you are looking to expand.
* **(#4) JCF May Match Grants, List Relevant Grant(s) Received & Dollar Value:** Please indicate any matching grants that you anticipate for this program, or enter “N/A” if none are anticipated.
* **(#5) If Collaborating Organization: List Contact Name, and Phone/Email**: Please list any organizations that you may be working with to implement the program. For each collaborating organization, please include a contact name and email address as well.
* **(#6) Dollar Amount Requested:** The JCF awards up to $5,000 per Grant. Please indicate the dollar amount you are seeking based on your budget, as calculated on the bottom of page 4. In rare cases, awards over $5,000 may be granted, but we ask organizations to contact the JCF before requesting more than this amount.
* **(#7) If Your Org. Received One or Two Previous JCF Grant(s) for THIS Specific Program, Indicate Here:** Grantees may apply/reapply and receive awards for the same program for up to three cycles (typically once per year). If you are reapplying, please indicate the year(s), cycle(s), and dollar amount(s) you received via a JCF grant for this same program in the past.
* **(#8) JCF Name Recognition Opportunities:** JCF Grant recipients should include the JCF logo and/or name to be included when publicizing your JCF-funded program. List here how you intend to do this (ex.: JCF logo on brochure, JCF mentioned in intro speech, etc.)

**Part V. Additional Grant Request Information**

* **(#1) How Will You Evaluate this Project?:** Discuss how you will determine the degree to which objectives are met and methods are followed. Indicate who will do the evaluation and how data will be gathered. An evaluation is particularly helpful if you plan to submit for a second round of funding.
* **(#2) Priority (For Multiple Applications for this Cycle):** If your agency or organization is submitting more than one grant application, give the priority of the grants being requested, or leave blank if this is your only application.

**Part VI. Describe Your Grant Request**

**Program Description**

* **(#1) Objective:** Describe the desired outcome your organization aims to achieve through JCF funding. What result do you hope to achieve?
* **(#2) 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?
* **(#3) 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?
* **(#4) Impact:** Please 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?
* **(#5) Time Period:** Please state the month(s) during which the program or service will occur. For example: “one program monthly from January-April.” When (how long/how often) will this program run?
* **(#6) Budget Narrative:** Here you can spell out any details that may not be able to fit in the income and expense table that follows at the end of the document. This will help give the committee a better idea of what your budget numbers are based on, areas where you are awaiting more information, how you chose your vendors, etc.

**Part VIII. Financial Worksheet**

* **Income Table**
	+ **Anticipated Income Source/Brief Description:** Please input a brief description of how your organization anticipates generating income from this program (if any)
	+ **Anticipated Income:** This should be your best guest estimate, or further details may be indicated or attached separately.
	+ **Note:** If your organization is awarded a JCF Grant, be sure to keep track of your income. To receive reimbursement, we will ask you to complete Actual Income received for this program on your Reimbursement Request form.
* **Expense Table**
	+ **Anticipated Expense/Description:** Please describe each expense associated with the program, and indicate any further information such as vendor or price quote. Expenses may include program costs such as speaker honorarium, room rental, etc.
	+ **Anticipated Expense:** To give the best estimate, his should be researched from prospective vendors. The more precise and researched the dollar amount, the better suited our committee will be to understand the total costs involved, rather than taking a wild guess.
	+ **Vendor Researched:** Please include prospective vendor information as best possible and attach price quote where available.
	+ **Note:** If your organization is awarded a JCF Grant, be sure to keep track of your expenses. To receive reimbursement, we will ask you to complete Actual Expenses incurred for this program on your Reimbursement Request form.

**Note**: The “$0” in gray bars will calculate the numbers entered above them, but you will have to click on the $0 and hit the F9 button to refresh the calculation.

**Thank you.**