



Instructions for JCF Grants Application

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 information or documents, please include them when you submit your application. Thank you.
- The application is a fillable form, though contact us if you prefer a Word document. Each completed application must be submitted online via the form at www.jcfsnj.org/grants.
- The application must be submitted by the specified due date and time. Sorry, no exceptions!
- 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:
 - **(#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.



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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) New or Existing Program?:** 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) Funding for Program Expansion?:** If this program is existing, please briefly indicate how you are expanding the existing program, otherwise you may enter "N/A".
- **(#5) 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.
- **(#6) 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.
- **(#7) Dollar Amount Requested:** The JCF awards up to \$5,000 per Grant. Please indicate the dollar amount you are seeking based on your budget. In rare cases, awards over \$5,000 may be granted, but we ask organizations to contact the JCF before requesting more than this amount.
- **(#8) 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.
- **(#9) Anticipated Program Timeline:** Indicate when your program will start, and, if it's a series or ongoing program, indicate when it will end as well as frequency (ex.—once per month).
- **(#10) JCF Name Recognition Opportunities:** The JCF requires grantees to 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. JCF Grant Funds

Please mark an "X" in the third column to indicate which fund(s) may be the best sources for your grant request. If you're not sure, the Community Fund is the default choice. Note that your choice will not impact funding amount, it simply helps our committee determine which fund(s) might be the appropriate option(s) to potentially fund your particular program.

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Part VI. Describe Your Grant Request

Program Description

- **(#1) Objective:** Describe the desired outcome your organization aims to achieve through JCF funding.
- **(#2) Need:** Describe the specific problem(s) or need(s) addressed in your proposal, including the target population and pertinent socio-demographic characteristics.
- **(#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.
- **(#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.)
- **(#5) Time Period:** Please state the month(s) during which the program or service will occur. For example: “one program monthly from January-April.” Grants will be for a time period of no longer than one year.

Part VII. Additional Grant Request Information

- **(#1) Additional Funding:** Describe what funds have been secured or how other funds will be obtained, if necessary, to implement the program or service. This can include ticket sales, sponsorships, etc. If the program or service is to be continued, present a specific plan to obtain future funding.
- **(#2) Evaluation:** 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. A formal evaluation form must be completed by participants or provider of service. It will be helpful to your grant request to include a sample evaluation form with this application.
- **(#3) 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. For example: This grant application is our ___(#)___ priority out of a total of ___(#)___ applications for this cycle.

Part IIX. 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)

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- **Anticipated Income:** This should be your best guest estimate, or further details may be indicated or attached separately
 - **Actual Income*:** When completing your JCF Grant Application, the Actual Income column should be left blank. If your organization is awarded a JCF Grant, then the Actual Income column will need to be inputted at the conclusion of your program with final totals of revenue received, and is to be submitted with 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, printing, marketing, food, etc.
 - **Anticipated Expense:** This should be your best guest estimate, or further details may be indicated or attached separately
 - **Actual Expense*:** When completing your JCF Grant Application, the Actual Expense column should be left blank. If your organization is awarded a JCF Grant, then the Actual Expense column will need to be inputted at the conclusion of your program with final totals of expenses incurred, and is to be submitted with your Reimbursement Request form.

Thank you.