



J-LEAD Application Cover Sheet
(to be completed on this page and attached to the front of each application)

Applicant Organization: _____

Program Title: _____

Program Start Date: _____ Program End Date: _____

Grant Amount Requested: \$ _____ Total Program Budget: _____

Grant summary, including description of program, need addressed and expected outcomes/benefits (please limit to space below):

If program is successful will organization assume future costs? _____ Yes _____ No _____ One Time Program

J-LEAD Grant Application

Please limit to three pages and submit to the Jewish Community Foundation via e-mail at brookek@jewishkc.org.

- A. Name and address of applying organization
- B. Application contact person, title and phone number
- C. Title of proposed program
- D. Description of program
 - 1. Describe specifically the activities of the program being proposed and its goals and objectives.
 - 2. What population will be served? How many will be served?
 - 3. What is the time period for the program?
 - 4. What is the location of the program?
 - 5. How will this program be marketed to its target population?
 - 6. Who will be responsible for administering the program, both volunteer and professional? What are their qualifications?
- E. Describe the extent of the need for this program and how it came to your organization's attention.
- F. How will the Jewish community ultimately benefit from the implementation of this program?
- G. Has this program been implemented before by your organization, by another organization in Kansas City or elsewhere? What were the results?
- H. How does this program relate to the ongoing goals and activities of your organization?
- I. Financial Information
 - 1. What is the dollar amount requested for this program? What is the total percentage of this amount to the total cost of the program?
 - 2. What is the line item budget for this program? Include a complete revenue projection and complete detail by expense categories.
 - 3. What internal fiscal resources will your organization invest in the program?
 - 4. Describe the source, amount and status of other requests for funding.
 - 5. How will partial funding of this grant application impact the program's implementation?
 - 6. Is this an on-going program? If yes, how does your organization plan to assume the costs in future years?

J. Evaluation

1. What are the expected short-term and long-term outcomes of this program?
2. How will these outcomes be evaluated?

K. Why should **J-LEAD** fund this program?

For questions regarding your organization's grant application please contact Brooke Klonsky at brookek@jewishkc.org or 913-327-8245.