

**JEWISH COMMUNITY GRANT/
ALLOCATION REQUEST FORM
(2 pages Maximum)**



Jewish
Federation



AGENCY INFORMATION

AGENCY NAME		AGENCY WEBSITE		TAX ID #	
APPLICATION CONTACT		EXECUTIVE DIRECTOR		PRESIDENT	
NAME		NAME		NAME	
PHONE		PHONE		PHONE	
EMAIL		EMAIL		EMAIL	

YEAR FOUNDED	AGENCY FISCAL YEAR	TOTAL AGENCY BUDGET <i>(complete budget form and attach)</i>

PROGRAM INFORMATION

PROGRAM NAME	DATE PROGRAM INITIATED	PROGRAM TIME PERIOD			
AMOUNT REQUESTED	PROPOSED PROGRAM BUDGET	PREVIOUS YEAR FUNDING			
DOES AGENCY HAVE AN ENDOWMENT (RESTRICTED/UNRESTRICTED) FOR THIS PROGRAM? <i>(If answered Yes, list amount(s) available for use in the program period.)</i>				YES	NO
PROGRAM NEED ADDRESSED (PROVIDE BRIEF DESCRIPTION)					
HOW WILL THE JEWISH COMMUNITY BENEFIT FROM THIS PROGRAM? (Why should we fund this program?)					

PROGRAM DESIGN

TARGET POPULATION TO BE SERVED		PROJECTED NUMBER TO BE SERVED		NUMBER SERVED PRIOR YEAR	
Type of client (Senior, Youth, etc.)		# Jewish Served		# Jewish Served	
		# General Community Served		# General Community Served	
ESSENTIAL PROGRAM SERVICES/ACTIVITIES <i>(list up to 5)</i>			STAFF RESPONSIBLE FOR IMPLEMENTATION <i>(Name, Title, FTE or PTE)</i>		DETAILS OF SALARY & BENEFITS - PROGRAM BUDGET EXPENSE LINE

PROGRAM GOALS/MEASURES OF SUCCESS *(List up to 5 significant measurable outcomes)*

PROGRAM GOAL	EXPLAIN HOW YOU DEFINE SUCCESS RELATIVE TO GOAL	MEASUREMENT TOOLS TO CALCULATE SUCCESS	SPECIFIC INFO - HOW DID YOU PERFORM LAST YEAR?

JEWISH COMMUNITY GRANT/ALLOCATION REQUEST – ONE PAGE SUMMARY

(LIMIT YOUR RESPONSES TO ONE PAGE)

AGENCY NAME		PROGRAM NAME	
AMOUNT REQUESTED	PROPOSED PROGRAM BUDGET	PREVIOUS YEAR PROGRAM FUNDING	
This program funding request is being submitted to: Put an (X) in box by agency to whom the request is being submitted Put a (✓) in box(es) of other funders that will also be reviewing this request			
	Jewish Community Foundation		Jewish Federation of Greater Kansas City
	Jewish Heritage Foundation		Menorah Legacy Foundation
	Other (Insert Name)		Other (Insert Name)
PROGRAM NARRATIVE			
WHAT CONSEQUENCES WILL THERE BE TO THE PROGRAM IF FUNDING IS DECREASED OR ELIMINATED?			
IF YOU ARE REQUESTING MORE OR LESS THAN LAST YEAR PLEASE EXPLAIN WHY.			

PROGRAM BUDGET -- JEWISH COMMUNITY GRANT/ALLOCATION REQUEST (1 Page max)

AGENCY NAME	PROGRAM NAME		DATES COVERED BY PROGRAM BUDGET		
PROGRAM INCOME	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED BUDGET	Note if Confirmed / Pending	Anticipated Funding Date
Program Income: Tuition					
Program Income: Fees					
Program Income: Membership Dues					
Foundation Grants – Jewish Heritage Fndn.					
Foundation Grants – Jewish Comm. Fndn.					
Foundation Grants – Menorah Legacy Fndn.					
Foundation Grants – Other (list name)					
Jewish Federation Allocation					
Program Endowment Income					
Contracts					
Government Funding					
United Way					
Individual Contributions					
Third Party Payments					
Special Events & Product Sales					
Investment Income					
Funds from Previous Year					
In-Kind Support <i>(Agency's Financial Commitment)</i>					
Other <i>(Please explain)</i>					
TOTAL PROGRAM INCOME					

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED BUDGET	MISC INFO
Administrative Salaries & Benefits				
Professional Salaries & Benefits				
Occupancy/Rent				
Professional Consultant/Contract Svcs./Fees				
Food				
Staff Training, Travel, Development, Conferences <i>(All expenses)</i>				
Staff Mileage Reimbursement				
Client/Participant Transportation				
Printing/Copying				
Equipment Purchase/Rental				
Telephone/Fax/Computer				
Postage/Delivery				
Evaluation				
Supplies				
Dues/Subscriptions/Accreditation/Licensing				
Subsidies				
Marketing/Publicity				
G&A <i>(Indirect – 10% maximum)*</i>				
In-Kind Support <i>(match in-kind above)</i>				
Other <i>(please explain)</i>				
TOTAL PROGRAM EXPENSES				
PROGRAM SURPLUS/DEFICIT				

AGENCY BUDGET -- JEWISH COMMUNITY GRANT/ALLOCATION REQUEST (1 Page Max)

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Other <i>(Please explain)</i>					
TOTAL AGENCY INCOME					

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Equipment Purchase/Rental				
Telephone/Fax/Computer				
Postage/Delivery				
Evaluation				
Supplies				
Dues/Subscriptions/Accreditation/Licensing				
Subsidies				
Marketing/Publicity				
G&A*				
In-Kind Support <i>(match in-kind above)</i>				
Other <i>(please explain)</i>				
TOTAL PROGRAM EXPENSES				
PROGRAM SURPLUS/DEFICIT				

