

<b>JEWISH COMMUNITY GRANT/ ALLOCATION REQUEST FORM</b>		 Jewish Federation	 Jewish Heritage Foundation of greater Kansas City	
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<b>This program funding request is submitted for consideration by: (check one)</b>			
<input type="checkbox"/>	Jewish Community Foundation	<input type="checkbox"/>	Jewish Federation of Greater KC
<input type="checkbox"/>	Jewish Heritage Foundation	<input type="checkbox"/>	Menorah Legacy Foundation

<b>This program funding request ALSO is (or WILL BE) submitted for consideration by: (check all that apply)</b>			
<input type="checkbox"/>	Jewish Community Foundation	<input type="checkbox"/>	Jewish Federation of Greater KC
<input type="checkbox"/>	Jewish Heritage Foundation	<input type="checkbox"/>	Menorah Legacy Foundation
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

**AGENCY INFORMATION**

<b>AGENCY NAME</b>		<b>AGENCY WEBSITE</b>			
<b>APPLICATION CONTACT</b>		<b>EXECUTIVE DIRECTOR</b>		<b>PRESIDENT</b>	
<b>NAME</b>		<b>NAME</b>		<b>NAME</b>	
<b>PHONE</b>		<b>PHONE</b>		<b>PHONE</b>	
<b>EMAIL</b>		<b>EMAIL</b>		<b>EMAIL</b>	

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

**PROGRAM INFORMATION**

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

## 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 IMPLEMENTSION <i>(name/title)</i>		

## PROGRAM GOALS/MEASURES OF SUCCESS *(LIMIT RESPONSES TO TWO PAGES MAXIMUM)*

SPECIFIC PROGRAM GOALS <i>(list 5)</i>	EXPLAIN HOW YOU DEFINE SUCCESS RELATIVE TO GOAL	MEASUREMENT TOOLS TO CALCULATE SUCCESS
<i>EXAMPLE: Improve the lives of seniors and disabled adults who qualify for financial subsidies for approved goods &amp; services.</i>	<i>EXAMPLE: 100% of those seeking financial subsidy participate in a needs assessment evaluation &amp; complete a financial assistance form to determine eligibility. 100% of those qualifying for a subsidy &amp; have provided proper documentation will be reimbursed within two weeks relative to their approved percentages for approved goods and services.</i>	<i>EXAMPLE: Database tracking of all clients' receipts and reimbursements. Database tracking of each client submitting receipts for reimbursement for approved goods and services. Yearly evaluation sent to client to ascertain the impact of subsidiaries on their lives -- ability to afford prescriptions, secure durable medical equipment, dental, etc.</i>

Please limit Allocation Request to 2 pages.

# 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	
PROGRAM NARRATIVE			

## PROGRAM BUDGET -- JEWISH COMMUNITY GRANT/ALLOCATION REQUEST

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 (Agency's Financial Commitment)					
Other (Please explain)					
<b>TOTAL PROGRAM INCOME</b>					

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 (All expenses)				
Staff Mileage Reimbursement				
Client/Participant Transportation				
Printing/Copying				
Equipment Purchase/Rental				
Telephone/Fax/Computer				
Postage/Delivery				
Evaluation				
Supplies				
Dues/Subscriptions/Accreditation/Licensing				
Subsidies				
G&A (Indirect – 10% maximum)*				
In-Kind Support (match in-kind above)				
Other (please explain)				
<b>TOTAL PROGRAM EXPENSES</b>				
<b>PROGRAM SURPLUS/DEFICIT</b>				

\*G&A DEFINITION: Indirect expense includes general organizational expenses not otherwise enumerated above.

## AGENCY BUDGET -- JEWISH COMMUNITY GRANT/ALLOCATION REQUEST

AGENCY NAME	DATES COVERED BY AGENCY BUDGET				
AGENCY INCOME	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED BUDGET	Note if Confirmed / Pending	Anticipated Funding Date
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Funds from Previous Year					
In-Kind Support <i>(Agency's Financial Commitment)</i>					
Other <i>(Please explain)</i>					
<b>TOTAL AGENCY INCOME</b>					

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED BUDGET	MISC INFO
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Telephone/Fax/Computer				
Postage/Delivery				
Evaluation				
Supplies				
Dues/Subscriptions/Accreditation/Licensing				
Subsidies				
G&A				
In-Kind Support <i>(match in-kind above)</i>				
Other <i>(please explain)</i>				
<b>TOTAL PROGRAM EXPENSES</b>				
<b>PROGRAM SURPLUS/DEFICIT</b>				

\*G&A DEFINITION: *Indirect expense* includes general organizational expenses not otherwise enumerated above.