

Logo, company name

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**JEWISH COMMUNITY GRANT/ALLOCATION REQUEST** **FORM**

Please use no less than 11 pt. type, 6 page maximum not including the items on the Financial Report Checklist. Cells in Part A of this application may be adjusted to accommodate the length of your answer.

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| **PROGRAM NAME** |  | |
| **AMOUNT REQUESTED** |  |
| **CATEGORY For Federation Use Only** |  |

**ORGANIZATION INFORMATION**

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| **ORGANIZATION NAME AS IT IS FILED WITH THE IRS** | | **MAILING ADDRESS (street, city, state, zip)** | | **FEDERAL TAX ID #** |
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| **APPLICATION CONTACT** | | **EXECUTIVE DIRECTOR** | | |
| **NAME/TITLE** |  | **NAME** |  | |
| **PHONE** |  | **PHONE** |  | |
| **EMAIL** |  | **EMAIL** |  | |

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| **WEBSITE** | **ORGANIZATION FISCAL YEAR\*** | **ORGANIZATION CURRENT YEAR EXPENSE BUDGET** |
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**\*If your organization operates on a non-calendar Fiscal Year, please identify what method you are using to report data (fiscal or**

**calendar year).  Please be consistent in that method of reporting throughout this application.**

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| **ENDOWMENTS AND OTHER SPECIAL FUNDS: Are any funds (endowment or otherwise) held by you or other organizations for your benefit which are *unrestricted as to purpose*?**  **Some agencies refer to these as endowments or special funds.**  **Are any such funds shown on your balance sheet?** | **If so, what is the current balance of these funds?** |
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| **If so, is expenditure of these funds limited annually to a percent of principal? (provide information on such limitations)** | |
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**PROGRAM INFORMATION**

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| **PROGRAM NAME & PURPOSE: How does this Program fit into your agency’s mission? How does this program relate to your organization’s strategic plan (if relevant)?** | | | | | | | | | | |
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| **AMOUNT REQUESTED** | | **PROGRAM TIME PERIOD**  **(ONGOING OR SPECIFY TIME PERIOD)** | | | **TOTAL PROGRAM BUDGET** | | **TOTAL OF GRANT(S) RECEIVED IN CALENDAR YEAR 2021 *FROM REQUESTED FUNDER*, IF ANY** | | | |
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| **TARGET POPULATION TO BE SERVED** | | | **PROJECTED NUMBER TO BE SERVED IN CALENDAR YEAR 2023** | | | **PROJECTED NUMBER TO BE SERVED IN CALENDAR YEAR 2022** | | | **NUMBER SERVED IN CALENDAR YEAR 2021** | |
| **Type of client served by this program**  **(Check all that apply).** | \_ Children \_ Teenagers \_ Young Adults \_ College Students  \_ Young Families \_ Adults \_ Seniors | | **# Jewish Served** |  | | **# Jewish Served** | |  | **# Jewish Served** |  |
| **# General Community Served** |  | | **# General Community Served** | |  | **# General Community Served** |  |
| **PROGRAM DESCRIPTION: Please provide a more detailed description of your program. Describe the need that the program intends to address. Is this a newly identified need? How did you identify this need?** | | | | | | | | | | |
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| **GOALS: Identify your program’s goals.** | | | | | | | | | | |
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| **ACTIVITIES AND OUTPUTS: What activities will support your Program goals? Identify any tangible deliverables that may come out of your program. Who will staff (individual, title, experience) these activities? How will you promote these activities to participants, volunteers and clients?** | | | | | | | | | | |
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| **OUTCOMES: What measurable outcomes are you expecting? At least one expected measurable outcome for each goal. What does success look like for the program?** | | | | | | | | | | |
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| **CHALLENGES: For each goal, identify at least one potential challenge to achieving that goal (and its associated activities). How will you address these challenges?** | | | | | | | | | | |
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| **EVALUATION: How will you measure the success of your program? How and how often will you ascertain the level of satisfaction of your participants, volunteers, and/or clients?** | | | | | | | | | | |
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| **COLLABORATION: What agency(s) (Jewish or non-Jewish organizations) provide similar programs/services. Is your agency collaborating with any other agency(s) on this Program? If so, who and what is their role? If not, why not?** | | | | | | | | | | |
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| **DIFFERENTIATION: What differentiates your program from other similar programs/services? What specific expertise does your organization bring to this program?** | | | | | | | | | | |
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| **FUNDING IMPACT: Please give at least one specific example of how 10% less than you have requested would impact your ability to achieve your goals for this program. Also provide at least one specific example of what you would do with 10% more than you have requested for this program.** | | | | | | | | | | |
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| **ADDITIONAL INFORMATION: Is there anything else we should know about this Program you have not already described? For example, do you have long-term aspirations for this program beyond what is presented here?** | | | | | | | | | | |
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| **ENDOWMENTS AND OTHER SPECIAL FUNDS: Please identify any restricted funds (endowment or otherwise) held by you or other organizations for your benefit which are dedicated to THIS PROGRAM or accessible for THIS PROGRAM. Identify each fund, who holds the fund, purpose restrictions, spending policy restrictions, and the current balance of each fund.** | | | | | | | | | | |
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| **What is your organization’s policy for cash reserve maintenance and expenditures?** | | | | | | | | | | |
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| **BUDGET VARIANCE EXPLANATION:**   1. **At the PROGRAM level (Exhibit B), please explain any variances (defined below) between the prior year budget and the prior year end actual for the following:**    1. **For Programs whose total expense budget is less than $200,000, explain variances on a line item basis which exceed 5% of the line item AND $1,000.**    2. **For Programs whose total expense budget is $200,000 or more, explain variances on a line item basis which exceed 5% of the line item AND $5,000.**    3. **If not explained in (a) or (b), please explain any fiscal year end surplus or deficit in excess of 2.5% of your total expense line.**   **For your current fiscal year, please apply the same criteria set forth above to any changes between your initially approved budget and your current budget at the Program level.** | | | | | | | | | | |
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**PROGRAM DONOR FINANCIAL INFORMATION**

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| **CALENDAR YEAR 2021 PROGRAM DONOR INCOME (cash or value of in-kind contributions): Please list the ten (10) largest program specific contributors, excluding the three (3) Jewish funders; Jewish Federation of Greater Kansas City, Jewish Community Foundation and Menorah Heritage Foundation, United Way, and Government funding.** | | |
| **Donor Name** | **Donor Category (i.e. grant, gift, etc.)** | **Dollar Amount AND**  **Confirmed or pending** |
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| **CALENDAR YEAR 2022 PROGRAM DONOR INCOME (cash or value of in-kind contributions): Please list the ten (10) largest program specific contributors, excluding the three (3) Jewish funders; Jewish Federation of Greater Kansas City, Jewish Community Foundation and Menorah Heritage Foundation, United Way, and Government funding.** | | |
| **Donor Name** | **Donor Category (i.e. grant, gift, etc.)** | **Dollar Amount AND**  **Confirmed or pending** |
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