**Jewish Federation of Greater St. Paul
CBRC Application Form for 2018-2019 Funding**

*You may complete this form on your computer by typing directly into the appropriate boxes.*

|  |
| --- |
| **GENERAL INFORMATION** |
| Date of Application:  |
| Agency Name:  |
| Web Site: |
| Is organization an IRS 501 (c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_ NoFederal Tax ID#:  |
| Person Completing This Form:  |
|  Title: |
|  Phone: |
|  E-mail:  |
| Constituents: # Served in Previous Year \_\_\_ % Jewish \_\_\_ # Served in Current Year \_\_\_ % Jewish \_\_\_ # Projected for Next Year \_\_\_ % Jewish \_\_\_ |
|  |
| **BUDGET INFORMATION** |
| **Dollar amount being requested: $** |
| Funds being requested for: \_\_\_General Funding \_\_\_Program Funding (name of program) |
| Total annual organization budget: $ |
| Fiscal year: |
| What percentage of your budget comes from Federation? |
| Agency’s other sources of income and amounts: |
| Program Fees -- $ |
| Tuition -- $ |
| Endowment Distributions -- $ |
| United Way -- $ |
| Foundation Grants -- $ |
| Mpls. Jewish Federation -- $ |
| Govt. Grants & Contracts -- $ |
|  Other -- $ |
| 2018 anticipated surplus / deficit: $ |

|  |
| --- |
| **SIGNIFICANT CHANGES** |
| Significant changes since last year (2-3 sentences):  |
| **UNMET NEEDS** |
| Please list unmet community needs that you have identified and describe how your agency would address them and the associated costs. |
| Target Group: |
| Estimated Cost:  |
|  |
| **THINKING AHEAD: The Community Plan for Jewish St. Paul**As a reminder, the Federation’s Community Planning Process identified 5 Priorities:* Build Warm & Welcoming Connections
* Engage the Next Generation
* Inspire Giving
* Strengthen Jewish Education
* Enhance Cooperation

Please review the attached document outlining the accepted recommendations from the 5 Priority Research Panels. Use the space below to write 3-10 sentences on how you see your organization’s involvement in the Community Plan and the resulting recommendations. We’re mainly interested in what you think the plan’s impact will be on your agency, programs and services. This will NOT affect your funding. |
|  |
| **ADDITIONAL ITEMS TO ATTACH WITH THIS COMPLETED FORM** |
| 1. Spreadsheet listing current board members and officers, with contact information
 |
| 1. Minutes of your last board meeting
 |
| 1. Spreadsheets that include:
* Last year’s budget – actual
* Current budget, including year-to-date actual and year-end projected
* Proposed 2018-2019 budget, including allocation request
 |
| 1. Current and projected program fees and/or tuition schedules
 |
| 1. Most recent completed audit or financial review.
 |

If you have questions or need further information, please contact:

Marilyn Ruby: mruby@stpaulfed.org, (651) 695-3181