Please ensure that you have read the Grant Application Guidelines before completing this application.

We highly recommend that you keep the grant application evaluation criteria

in mind/at hand as you complete your application.

**Section 1: Executive Summary**

* 1. Organization Name:
	2. Project Name
	3. Total Project Budget $
	4. Amount Requesting for Project $

(if different from above)

* 1. Organization Annual Budget: $
	2. If you are submitting multiple grant applications, please prioritize this (and each subsequent project) based on the number you are submitting. Maximum four (4) applications.

Priority number

* 1. Organization’s Mission Statement:

**Section 2: Project Description – Please observe word count restrictions**

**2.1** Project Status: One time New Existing

**2.2 Is this a multi-year request?** Yes No If Yes, for how many years? (max. 3)

* 1. Project Start Date: Project End Date:

**2.**4 Project Location:

2.5 Project Summary. Please include how this project aligns with JFED mission/ goals: (Limit 100 words)

**2.6** Who is the target population? How many people do you expect to serve? Describe in detail and provide examples. (Limit 150 words)

**2.7** How do you plan to market and promote this program? (Limit 50 words)

2.8 How do you plan to mobilize volunteers? How many volunteers do you need and what roles do you need them to fulfill? (Limit 50 words)

**2.8** Is this project performed in collaboration with partners? Yes No

If yes, list **(a)** the partner organization(s), **(b)** their project responsibilities, **(c)** their key contact names and emails

1. Partner organization:
2. Project responsibilities:
3. Key contact names/emails:

**Section 3: Project Goals – Please observe word count restrictions**

**3.1** Describe in detail below the top 1 – 3 goals for the project. Limit each response to 100 words.

**Goal 1:** Description

**Goal 1:** Activities:

**Goal 1:** How will you know that you have achieved your goal?

**Goal 1:** Provide an example of what success would look like:

**Goal 1:** How will you measure the project’s success?

**Goal 2:** Description

**Goal 2:** Activities:

**Goal 2:** How will you know that you have achieved your goal?

**Goal 2:** Provide an example of what success would look like:

**Goal 2:** How will you measure the project’s success?

**Goal 3:** Description

**Goal 3:** Activities:

**Goal 3:** How will you know that you have achieved your goal?

**Goal 3:** Provide an example of what success would look like:

**Goal 3:** How will you measure the project’s success?

**Section 4: Financial Information**

**4.1** Project Budget

Cost Item/description Total Cost

 CONTINGENCY @ 5%

**TOTAL PROJECT COST**

Additional Source(s) of Income (if any)

Source Amount

**TOTAL ADDITIONAL SOURCES OF INCOME**

**4.2** Do you have 501 (c)(3) certification or other charitable designation? Yes No

(first time applicants please attach)

If no, are you applying using another non-profit’s 501 (c)(3) status? Yes No

**4.3** Please indicate which financial practices your organization follows

* Annual financial statements: Compiled Reviewed Audited
* Financial reporting to your Board Monthly Quarterly Annually Other

of Directors

**Section 5 – Organization Information**

**5.1** Organization URL:

**5.2** Mailing Address:

**5.3** CEO/Executive Director

Name:

Email:

Phone:

**5.4** Project Coordinator

Name:

Email:

Phone:

**5.5** Please attach a current list of Board of Trustees/Directors

**Section 6: Certification & Signature**

By typing your name and checking the *Agree* boxes below, you agree to the following:

 I/we certify that the information contained in this grant proposal and its attachments are

 complete and accurate to the best of my/our knowledge.

CEO/Executive Director

Agree Date

Board Chair/President

Agree Date