**2022 JWF of SNJ Letter of Intent Cover Page**

This form may be scanned or photocopied. All information must be submitted in English.

Organizations must have a 501(c)3 or fiscal sponsor to be considered for funding.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID # for your 501(c)3 corporation or fiscal sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a part of a larger organization? NO YES \_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Founding Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of women/girls served by your organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of board that is female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of women in key leadership positions either professionally or as lay leaders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If submitting more than one grant please rank in order of priority \_\_\_\_(#)\_\_\_\_ out of \_\_\_\_(total #)\_\_\_\_

Category of Grant (Check all that apply): Education\_\_\_\_\_ Health\_\_\_\_\_ Jewish Identity\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Leadership\_\_\_\_\_ Self Esteem/Empowerment\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total program/project budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested from JWF of SNJ: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of women/girls to be served by this program \_\_\_\_\_\_\_\_\_

Check one: This is a \_\_\_\_\_\_NEW \_\_\_\_\_\_EXPANSION \_\_\_\_\_EXISTING program or project.

Have you requested or received funding from **Southern NJ’s** Jewish Community Foundation, Inc., Jewish Federation, JWF or the Raymond & Gertrude R. Saltzman Foundation for any current or past programs from the last 3 years? Requested NO YES Received NO YES

Executive Director/Accountable Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type name & title

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief**, one-paragraph description of the program/project for which you are seeking JWF of SNJ funding. Please include information about population to be served, location, goals and other sources of revenue. (Please limit to 250 words or less).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Intent is Due by February 21st by 4pm**