



2024 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 each year: _____

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 in 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 Friday, February 9th by 5pm EST