



2021 MISSION STATEMENT

"We are awarding our 2021 JWF grant dollars to those organizations within our tri-county community who are dedicated to meeting the basic needs of Jewish women and Jewish children at risk of poverty. Grants will focus primarily on emergency essentials, such as food access, health care, housing, education, job training, as well as nonprofit sustainability."

Dear Grant Applicant:

Thank you for your interest in applying for a Jewish Women's Foundation of Southern New Jersey (JWF of SNJ) grant.

Please complete all questions of the application (which is available for download at <https://jewishsouthjersey.org/jwf/grants>) in the space provided.

Completed final grant applications are due to the Jewish Women's Foundation of Southern New Jersey no later than **4:00pm EDT on Thursday, April 8th.**

E-mail completed grant application in PDF format to **mkarasick@jfedsnj.org**. Receipt of the application will be sent upon its arrival. Applications will not be accepted by fax or mail.

Please email the original signed grant application and any accompanying documentation, such as brochures and annual reports as one PDF.

We cannot accept late applications.

Thank you again for your interest.

Sincerely,
Jewish Women's Foundation of Southern New Jersey



Important Notes for Organization/Programs that are Awarded JWF of SNJ Grants

Approval Process: All applications will be reviewed by our Grants Committee. Results of our Committee's decision will be announced in early summer. Should your program be approved by our Committee, a contract will be forwarded to you to sign and return.

Marketing Requirements: The JWF of SNJ requests that our name and/or logo be used in all marketing material related to your program. For example, if you have an ad published about your program, please reference the Jewish Women's Foundation as funders of the program.

Grant Disbursement: Grant monies will not be disbursed without the receipt of an income and expense report and copies of all paid invoices relating to the program, along with an evaluation of the program. These documents must be submitted no later than four weeks after the conclusion of the program.

Time Period: Grants will be for a time period of no longer than 18 months. Programs approved during the 2021 cycle must be completed by December 31, 2022.



Grant Application Instructions

Thank you for your interest in applying for a JWF of SNJ Grant! Please use the JWF of SNJ's Grants Application form to submit your grant proposal. The following information will assist you when completing the form. If you have any questions when completing or submitting the form, please contact the JWF of SNJ at 856-673-2512 or mkarasick@jfedsnj.org.

General Notes for Completing and Submitting the Application

- Please answer all questions as completely as possible, including the Financial Worksheet. If you have additional information or documents, please include them when you submit your application. Thank you.
- Each completed application must be sent to: mkarasick@jfedsnj.org. Please only use this email address, and please attach the completed application as a Word document or as a PDF.
- The application must be submitted by the specified due date and time. Sorry, no exceptions!
- You may submit more than one application per cycle.
- **Document Saving Tips:** 1.) Continually save the document on your computer as you work on it and before submitting. 2.) The spacing on this application is flexible, so we invite you to expand the space for each question as needed. 3.) It is important to give detailed descriptions and budgeting information, and the JWF of SNJ may contact you if any further information is needed.

Part I. Organization Information

- In order to ensure that JWF of SNJ Grants are awarded to qualified non-profit organizations, please complete this section, with the following information:
 - **(#1) IRS Tax Exempt Status:** The JWF of SNJ can only support qualified 501(c)(3) non-profit organizations, or synagogues/religious organizations that are incorporated but may not be 501(c)(3)-approved. Please indicate if your organization is a 501(c)(3) organization or other tax exempt status.
 - **(#2) Month/Year of Incorporation:** Note that organizations must be in existence for at least one year to be eligible to receive a JWF of SNJ Grant.



- **(#3) IRS Form 990:** The JWF of SNJ may ask to review your most recent IRS Form 990, please indicate the year of your most recent 990. If you do not have a 990, we may not be able to fund your organization, unless you are a qualified synagogue/religious organization, as indicated above.

Part II. Contact Information

- “Section A” is self-explanatory, just note that “Section B” should only be completed if the person who is coordinating the program is different from the person who is applying for the grant.

Part III. Information about Your Grant Request

- **(#1) Program Title:** Include a brief title of what you aim to call this program when enacted.
- **(#2) If submitting more than one grant, please rank in order of priority**
- **(#3) Category of Grant:** Please check all grant categories that apply
- **(#4) Program Summary:** Please provide a one sentence overview of what the program will be.
- **(#5) New or Existing Program?:** The JWF of SNJ aims to fund new and innovative programming. Please indicate if your program is new to your organization, or if it is an existing program.
- **(#6) Funding for Program Expansion:** If this program is existing, please briefly indicate how you are expanding the existing program, otherwise you may enter “N/A”.
- **(#7) Matching Grants for Program?:** Please indicate any matching grants that you anticipate for this program, or enter “N/A” if none are anticipated.
- **(#7) List Any Collaborating Organizations:** Please list any organizations that you may be working with to implement the program. For each collaborating organization, please include a contact name and email address as well.
- **(#8) Dollar Amount Requested:** The JWF of SNJ awards between \$500 to \$10,000 per Grant. Please indicate the dollar amount you are seeking based on your budget. In rare cases, awards over \$10,000 may be granted, but we ask organizations to contact the JWF of SNJ before requesting more than this amount.
- **(#9) Previous JWF of SNJ Grant Award(s) for Program:** Grantees may apply/reapply and receive awards for the same program for up to three cycles (typically once per year). If you are reapplying please indicate the year(s)s, cycle(s), and dollar amount(s) you received via a JWF of SNJ grant for this same program in the past.
- **(#10) Grants awarded from previous Southern New Jersey Agencies: Jewish Women’s Foundation, Jewish Community Foundation, Jewish Federation, and/or Saltzman Grant Award(s) for Program:** Please indicate what year the program was for, the grant cycle and amount awarded



- (#11) **If you have received funding for any past or current program, did you complete the program?**
- (#13) **Anticipated Program Timeline:** Indicate when your program will start, and, if it's a series or ongoing program, indicate when it will end as well as frequency (ex.—once per month).
- (#10) **JWF of SNJ Name Recognition Opportunities:** The JWF of SNJ asks grantees to include the JWF of SNJ logo and/or name to be included when publicizing your JWF of SNJ-funded program. List here how you intend to do this (ex.: JWF of SNJ logo on brochure, JWF of SNJ mentioned in intro speech, etc.)

Part IV. About Your Organization

Please fill in each box for questions #1, #2 and #3, indicating the number of individuals who fit each category.

For question #4, you may copy and paste your organization's Mission Statement.

For question #5, place an "X" in each box that applies, based on the age range for your program's target population.

Part V. Additional Attachments

Additional Attachments are optional. If you feel that the JWF of SNJ would benefit by learning more about this program or your organization generally, please feel free to include it when submitting a grant request. Examples are: Photos, Testimonials, if existing program: evaluations if available

Note: Additional document(s) should be formatted for printing on 8.5 x 11" paper.



Part VI. Describe Your Grant Request

Program Description

- **(#1) Objective:** Describe the desired outcome your organization aims to achieve through JWF of SNJ funding.
- **(#2) Need:** Describe the specific problem(s) or need(s) addressed in your proposal, including the target population and pertinent socio-demographic characteristics.
- **(#3) Method:** Include a description of the scope of the program or service, persons to be served, use of staff and volunteers, and coordination with other agency programs and services.
- **(#4) Impact:** Please indicate the number of individuals you anticipate being directly impacted by the proposed program. (JWF of SNJ seeks to fund programs with the greatest community impact.)
- **(#5) Time Period:** Please state the month(s) during which the program or service will occur. For example: “one program monthly from January-April.” Grants will be for a time period of no longer than one year.

Part VII. Additional Grant Request Information

- **(#1) Additional Funding:** Describe what funds have been secured or how other funds will be obtained, if necessary, to implement the program or service. This can include ticket sales, sponsorships, etc. If the program or service is to be continued, present a specific plan to obtain future funding.
- **(#2) Evaluation:** Discuss how you will determine the degree to which objectives are met and methods are followed. Indicate who will do the evaluation and how data will be gathered. A formal evaluation form must be completed by participants or provider of service. It will be helpful to your grant request to include a sample evaluation form with this application.
- **(#3) Priority:** If your agency or organization is submitting more than one grant application, give the priority of the grants being requested, or leave blank if this is your only application. For example: This grant application is our ___ (#) ___ priority out of a total of ___ (#) ___ applications for this cycle.



Part XIII. Financial Worksheet

- **Income Table**

- **Anticipated Income Source/Brief Description:** Please input a brief description of how your organization anticipates generating income from this program (if any) through Sponsorships, Ticket Sales/Applicant Payment, Other Grants, Other Donations, Other Revenue.
- **Anticipated Income:** This should be your best guest estimate, or further details may be indicated or attached separately
- **Actual Income*:** When completing your JWF of SNJ Grant Application, the Actual Income column should be left blank. If your organization is awarded a JWF of SNJ Grant, then the Actual Income column will need to be inputted at the conclusion of your program with final totals of revenue received and is to be submitted with your Reimbursement Request form.

- **Expense Table**

- **Anticipated Expense/Description:** Please describe each expense associated with the program, and indicate any further information such as vendor or price quote. Expenses may include program costs such as honorarium, printing, marketing, food, etc.
- **Anticipated Expense:** This should be your best guest estimate, or further details may be indicated or attached separately
- **Actual Expense*:** When completing your JWF of SNJ Grant Application, the Actual Expense column should be left blank. If your organization is awarded a JWF of SNJ Grant, then the Actual Expense column will need to be inputted at the conclusion of your program with final totals of expenses incurred, and is to be submitted with your Reimbursement Request form.
- All expense receipts must be translated into English and converted to US dollars.

Thank you.