



National Network Program Questionnaire

Round 2

Legal Agency Name *

City and State *

City

State

Name of Program Manager *

First Name

Last Name

Email Address of Program Manager *

example@example.com

Phone Number of Program Manager *

Please enter a valid phone number.

Name of CEO *

First Name

Last Name

Email Address of CEO *

example@example.com

Name of Agency Board Chair *

First Name

Last Name

Email Address of Agency Board Chair *

example@example.com

Program Information

1. Provide an executive summary of your National Network program. Please include how you and your sub-subgrantees will incorporate PCTI principles into all aspects of your program. (500 words max) *

0/500

2. Provide a brief description of the Holocaust survivor population in each of the communities that you plan to serve through this grant. (500 words max) *

0/500

3. Provide a brief description of the older adult population with a history of trauma in each of the communities that you plan to serve through this grant. (500 words max) *

0/500

4. Provide a brief description of the needs of family caregivers who are caring for Holocaust survivors and/or older adults with a history of trauma in each of the communities that you plan to serve through this grant. If you do not plan to serve family caregivers, please write “not applicable”. (500 words max.) *

0/500

5. How many individuals do you anticipate serving through this grant? *

	Year 1	Year 2
Holocaust Survivors		
Older Adults with a History of Trauma		
Family Caregivers		

6. How will you ensure the sub-subgrantees implementing the program protect the health and safety of program participants as the COVID-19 pandemic evolves? (200 words max.) *

0/200

7 Describe any challenges you anticipate your sub-subgrantees might

7. Describe any challenges you anticipate your sub-grantees might have implementing the program and how you can help them overcome those challenges. (200 words max.) *

0/200

8. Do you plan to promote or sustain this program in your network after JFNA funding ends? If so, how? If not, please explain why. (200 words max.) *

0/200

9. Do you plan to help your sub-subgrantees sustain their programs after JFNA funding ends? If so, how? If not, please explain why. (200 words max.) *

0/200

Evaluation

10. What outcomes would you like your project to achieve? (500 words max) *

0/500

11. What are indicators by which you will measure the outcomes of your project (e.g., how many projects have been implemented and their impact on participants? (500 words max.) *

0/500

12. What data collection tools and methods will you use to measure these outcomes? (500 words max.) *

0/500

13. Describe your organizational capacity to measure the outcomes of your project. This may include a description of staff assignments, evaluation resources, or other aspects needed to measure these outcomes. (500 words max.) *

0/500

Program Management

14. How often will you communicate with sub-subgrantees and what mode of communication will you use to monitor program progress and challenges and collect information for JFNA reports? (200 words max.) *

0/200

15. If a sub-subgrantee is not in compliance with NJHSA and JFNA grant requirements, what corrective actions will NJHSA take? (200 words max.) *

0/200

16. How often will you communicate with sub-subgrantees and what mode of communication will you use? How will you periodically collect the information required for JFNA's reporting? (200 words max.) *

0/200

Budget Application Workbook

The Budget Application Workbook includes separate tabs for:

1. Budget Questionnaire
2. Budget Template
3. Budget Narrative

The budget should be completed using the separate excel workbook template provided. **Only completed budgets using this template, submitted in an Excel,**

not PDF, format will be reviewed.

Please upload your completed Budget Application Workbook here. *

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Budget

Work Plan

The work plan should be completed using the template provided. It provides a schematic overview of the narrative, including anticipated timelines, objectives, and activities associated with the proposal. See directions in work plan template.

Please upload your completed 2-year work plan here: *

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Work Plan

Financial Documentation

Please upload the following financial documents below

1. Entire organization budget for current fiscal year
2. Entire organization budget for most recent completed fiscal year
3. Independent Management Letter
4. FY2021 Organization Audit
5. FY2021 Organization Single Audit (also known as Subpart F or A-133), if applicable
6. A copy of the organization's current IRS tax-exempt status determination letter or most current Form 990, or Certificate of Incorporation or equivalent document for qualified religious organizations not required to file Forms 990 and 1023
7. SAM registration confirmation or verification registration is in progress, and UEI number
8. Copy of the organization's indirect cost agreement with the government, if applicable

1. Entire organization budget for current fiscal year (required)

Browse Files
Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

2. Entire organization budget for most recent completed fiscal year (required)

Browse Files
Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

3. Independent Management Letter (required)

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

4. FY2021 Organization Audit (required)

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

5. FY2021 Organization Single Audit (also known as Subpart F or A-133), if applicable

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

6. A copy of the organization's current IRS tax-exempt status determination letter or most current Form 990, or Certificate of Incorporation or equivalent document for qualified religious organizations not required to file Forms 990 and 1023 (required)

Browse Files

BROWSE FILES

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

7. SAM registration confirmation or verification registration is in progress, and UEI number (required)

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

8. A copy of the organization's indirect cost agreement with the government, if applicable

Browse Files

Drag and drop files here

Please use the following naming convention: Grant Number_Agency Name_Document name

Thank you for completing the Program Questionnaire for your National Network Program (Round 2). After you click "Submit", you will receive a confirmation email from JotForm. Please save this email. Please also save your completed report for future reference by following the directions below.

Directions to save your report:

1. Click the "Print" button below.
2. When the new window opens up, on the top right there will be a field called "Destination." Click "Save as a PDF."
3. Then click on the blue "Save" button below. Another window will open where you can choose to save the document on your computer. You can

where you can choose to save the document on your computer. You can change the name of the document.

Print

Save

Submit