# JFNA Grapevine - Draft - Imported

### The Jewish Federations of North America

## **Question Group**

The form called "LOI" is the Intent to Apply.

Please note: Character counts include all characters, including spaces.

### **Agency Information**

## Full Legal Agency Name\*

Character Limit: 250

## Agency Address\*

Character Limit: 400

### Applicant Contact Name\*

Character Limit: 250

## **Applicant Contact Title\***

Character Limit: 250

## **Applicant Contact E-mail Address\***

Character Limit: 254

## **Applicant Contact Phone Number\***

Character Limit: 250

### **Eligibility**

Applicants that respond "No" to any of the following questions will be <u>ineligible</u> to apply and may not submit an application or be considered for funding.

## Agency Location\*

Is your agency based in the United States?

#### Choices

Yes

No

## Nonprofit Status\*

Does your agency fit into one of the following categories?:

Domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Hawaiian Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education.

#### Choices

Yes

No

## Agency Audit Status\*

Is your agency an entity with at least one audit report that includes a management letter, consolidated statement of activities, functional expenses, and cash flow?

#### Choices

Yes

No

#### Direct Service\*

Is your agency a direct service provider to populations that include, but are not limited to the service population(s)? The service populations include Holocaust survivors, older adults with a history of trauma, and family caregivers.

#### Choices

Yes

No

### SAM/UEI\*

Will your organization take steps to be registered in SAM and obtain a Unique Entity Identifier (UEI) number by the time funding is dispersed?

#### Choices

Yes

No