



National Network-Based Program Questionnaire

1. Contact Information

Legal Agency Name *

City and State *

City

State

Name of Program Manager *

Email Address of Program Manager *

example@example.com

Phone Number of Program Manager *

-

Area Code

Phone Number

2. Program Information

a. Please describe your National Network-Based program as an executive summary. Please include how you will incorporate PCTI principles into all aspects of your program. *

200 words max.

0/200

b. Provide a brief description of the Holocaust survivor population in the community that you plan to serve through this grant. *

200 words max.

0/200

c. Provide a brief description of the older adult population with a history of trauma in the community that you plan to serve through this grant. *

200 words max.

0/200

d. 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 the community that you plan to serve through this grant. *

200 words max.

0/200

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

	Year 1	Year 2
Holocaust Survivors	<input type="text"/>	<input type="text"/>
Older Adults with a History of Trauma	<input type="text"/>	<input type="text"/>
Family Caregivers	<input type="text"/>	<input type="text"/>

f. The Centers for Disease Control (CDC) continues to recommend social distancing, regular hand-washing and disinfecting, wearing a mask, and monitoring health regularly. How will you adapt your programming to ensure the safety of program participants during the COVID-19 pandemic? *

200 words max.

0/200

g. Describe any other challenges you anticipate while planning and implementing this program and how you may overcome them. *

200 words max.

0/200

h. How do you plan to sustain your program after JFNA's grant funding ends? *

200 words max.

0/200

3. Program Management

a. How will you track and monitor grant funds, both internally and to sub-subgrantees, to ensure compliance with all requirements? *

200 words max.

0/200

b. 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

4. Evaluation

a. Thinking about the activities proposed by your project, what outcomes would you like your project to achieve? *

500 words max.

0/500

b. What are indicators by which you will measure the outcomes of your project? *

500 words max.

0/500

c. What data collection tools will you use to measure the outcomes of your project? *

500 words max.

0/500

d. Please describe your organizational capacity to measure the outcomes of your project. This may include a description of staff assignments, evaluation resources, or other aspects. *

500 words max.

0/500

5. 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. Please upload your completed work plan here: *

Browse Files

Please use the following naming convention:
Agency Name_Work Plan

6. Budget

a. Explain the rationale of your proposed budget, including program revenue sources and program expenses. Please explain the numbers and decisions behind the proposed budget. Include an explanation of program expenses, including personnel, program activities, and overhead. Explain in-kind funds, including how you will assess monetary value for donated goods and services (e.g. personnel space, etc.). Include whether the matching funds have been secured or are anticipated. *

200 words max.

0/200

b. Provide a brief description of plans to meet the minimum match requirement. *

200 words max.

0/200

The program budget should be submitted using the template provided. Please upload your completed budget here: *

Browse Files

Please use the following naming convention:
Agency Name_Budget

Save

Submit