



Jewish Foundation
OF GREATER NEW HAVEN

Women of Vision Society 2018 Grant Application

Applications are due to The Jewish Foundation Office by Thursday, May 31 at 5:00 p.m.
Attn: Beth Kupcho, 360 Amity Road, Woodbridge, CT 06525

Please submit 20 hard copies of the application

- 1 **Organization Name:**
- 2 **Address:**
- 3 **Primary Contact (Email and phone):**
- 4 **Mission of your organization:**
- 5 **Project title:**
- 6 **Total projected budget for this project:**
- 7 **Total amount requested from Women of Vision Society:**
- 8 **Is this a new project? ____Y____N**
- 9 **If no, has this project received funding from the WOV previously? ____Y____N**
- 10 **How many years has this project been running?**

- 11 **In 50 words or less, concisely summarize this project:**

- 12 **How does your project relate to the goals stated in the Women of Vision Society 2018 Grant Making Guidelines?** (Please be specific and include at least two goals to which your project relates)

- 13 **What are 2-3 specific objectives that this project intends to accomplish?**

- 14 **What method(s) will be employed to achieve and implement the desired outcomes?**

- 15 **How will you measure whether the outcomes have been realized?**

- 16 **Target population:**

Anticipated number of participants:
% new or current participants in your organization:

- 17 **Will you need to hire new staff or use existing staff to run this project?**

- 18 **Name and Title of project lead:**

Complete the budget of the project (income, expenses, and any related items.)

EXPENSES

Costs (please specify each line item)	Budget
Staffing	\$
Marketing	\$
Equipment	\$
Materials	\$
Transportation	\$
Rentals	\$
Other	\$

Total _____

INCOME

Donations	\$
Grants already received	\$
Fees/Admission/Couvert	\$
Other income (please specify)	\$
Total	\$

Note: If listing in-kind income, please include a corresponding in-kind cost.

- 19** Have other sources of funds been sought or awarded for this project?
- 20** If applicable, describe a continuation of the project beyond the grant period.

Check List (Please complete and initial each item)

- ___1. This project is relevant to at least two goals as stated in the Women of Vision Grant Making Guidelines.
- ___2. I have provided evidence that there is demonstrated need for the project or program within the Jewish Community of Greater New Haven &/or Israel.
- ___3. I have defined my target population.
- ___4. I have provided a justifiable and appropriate budget in relation to the proposed project.
- ___5. I have completed each question on the application.
- ___6. If a 2017 Women of Vision Grant was awarded to my organization, I have submitted an evaluation for that grant.

Signature-Executive Director

Date

Signature-Board of Trustees Officer, Title

Date
