



**Jewish Foundation**  
OF GREATER NEW HAVEN

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## **Women of Vision Society 2020 Grant Application**

**Applications are due to The Jewish Foundation Office by Friday, May 29 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) | \$        |
| <b>Total</b>                  | <b>\$</b> |

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 2019 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

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