

# APPLICATION FOR 2020-2021 FUNDING



## AGENCY COVER SHEET

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Executive Director or Designate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federation Registered Charitable Number: \_\_\_\_\_

## ALLOCATION REQUEST

2020-21 Total Allocation Request \$ \_\_\_\_\_

New Program (within request) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

2020-21 TOTAL ALLOCATION REQUEST \$ \_\_\_\_\_

Attached are a current list of Board of Directors and the most recent audited financial statements.

### REQUEST: (summary of funding request)

Total \_\_\_\_\_

If increase, please summarize what increase will support \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Federation Allocation and Agency Budget Summary	12 months 2018-19 Actual	12 months 2019-20 Act./Est.	12 months 2020-21 Proposed
JFLV Allocation	\$ _____	\$ _____	\$ _____
Total Agency Expenses	\$ _____	\$ _____	\$ _____
Total Agency Income	\$ _____	\$ _____	\$ _____

Budget Proposal Approved by Agency Board or Executive Committee on: \_\_\_\_\_

## SECTION 1: AGENCY INFORMATION

Overview (one paragraph, purpose and scope of the program):

1. Goals and objectives:

2. Community needs or priorities addressed:

3. Indicate the primary population(s) served (target population): (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-School        | <input type="checkbox"/> Children with Special Needs |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Adults with Special Needs   |
| <input type="checkbox"/> Teens             | <input type="checkbox"/> Well Older Adults           |
| <input type="checkbox"/> Young Adults      | <input type="checkbox"/> Frail Older Adults          |
| <input type="checkbox"/> Families          | <input type="checkbox"/> Newcomers/Immigrants        |

4. Please indicate the number of clients/members/students served in the last fiscal year:

5. For ongoing programs, indicate the number of people who attended on a regular basis in the last fiscal year (list 3 most successful programs, list 3 least successful programs):

## SECTION 2: VIABILITY

1. Describe when and how your agency has changed in response to community needs.
2. Please list your partners and how they contribute to your agency.
3. Please indicate all programs where your agency collaborated with other local community agencies.
4. Describe how you ensure accessibility to everyone in the target population(s).
5. Describe past successes.
6. What will success look like in the coming year?

## SECTION 3: FUNDING AND BUDGET

1. List all of your current sources of funding.
2. Describe your plans to ensure financial sustainability.
3. Please explain any changes to your agency's budget.
4. Total amount of funds requested. \$ \_\_\_\_\_
5. Please explain any increases/decreases in funding request.
6. Do you anticipate any unused funds from last year's allocation?
7. Please indicate how your agency would utilize a 10% increase in requested funds.
8. Please indicate how your agency would manage a 10% decrease in requested funds.
9. Please submit agency budget. For any new programs, please submit a separate program budget. (Included is a sample excel document that you may utilize. You may also submit your own agency budget.)

## SECTION 4: CONDITIONS OF FUNDING

1. Funds must be used as described in this application.
2. Funds must be spent over the time frame of the allocation cycle.
3. Changes to the program purpose, delivery or target audiences after funding has been approved must be discussed with Jewish Federation's Executive Director and Allocation Chair before implementation.
4. A mid-year report must be submitted by Friday, January 29, 2021 to the Jewish Federation's Allocations Committee describing how funds are being used.
5. Agencies must provide a plan indicating how Jewish Federation's financial support will be acknowledged in all communication and promotional materials pertaining to approved funding.

**We agree to the above conditions of funding. All of the information provided in this application form is accurate and complete.**

### Board Chair

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Executive Director

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REMINDER:  
Please include your agency's most recent financial report and current list of board of directors.