



**THE FOUNDATION FOR JEWISH PHILANTHROPIES OF SAN ANTONIO
GRANTS DISTRIBUTION COMMITTEE**

GUIDELINES FOR PROGRAMS AND PROJECTS

1. Provide funding of programs and services that are designed to ensure and/or promote the vitality of the Jewish community.
2. Categories of funding may include:
 - a. Education
 - b. Arts & Culture
 - c. Medical/Science
 - d. Social/Human Service
 - e. Youth
 - f. Conservation/Preservation
 - g. Religious
 - h. Other (as determined by the committee)
3. Grants will be made primarily for new projects or programs. There is a two (2) year limit of funding for grants. Programs that receive funding should not have any expectation of continued funding for the second year and must resubmit a grant application in accordance with the guidelines.
4. Proposals that will benefit Bexar County residents generally are given first priority, then Texas, national and then Israel.
5. Grant funds will not be awarded for capital expenditures although proposals for equipment or refurbishing will be considered.
6. The minimum request for grant consideration is \$500 and the maximum grant request is \$7,500.
7. Grants will not be made to reimburse expenses previously incurred by the applicant.
8. Grants will be awarded to 501(c) 3 organizations.

PROCESS FOR REVIEWING GRANT APPLICATIONS

1. Criteria for accepting a grant application for review include:
 - a. Formal written application
 - b. Category as identified in Item 2 above
 - c. Application submitted on or before published deadline
2. Committee review process will include the consideration of the following:
 - a. Does the proposal impact an individual, group or the entire community?
 - b. Is the application for a priority for the Jewish community?
 - c. Is the proposed program or project clearly defined?
 - d. Does the applicant demonstrate its ability to operate in a fiscally responsible manner?
 - e. Does the applicant have the proven ability to implement the program or project?
 - f. Are there other financial resources available for the program or project and is applicant pursuing these resources?
 - g. Is an on-site visit by the Foundation staff necessary?
3. If you have not received a grant from the Federation in the past year, please provide in a pie chart form the following:
 - a. How much of annual budget is for administrative costs?
 - b. How much of annual budget is for fundraising cost?
 - c. How much of annual budget is for program cost?

PROGRAM GRANT APPLICATION

Please complete the following application form and required attachments in accordance with the enclosed guidelines and return them to

***The Foundation for Jewish Philanthropies of San Antonio
12500 N. W. Military Highway, Suite 200
San Antonio, Texas 78231
(210) 302-6960***

Organization Information

Name of Organization: _____

Address: _____

City, State & Zip: _____

Executive Director: _____ Contact Person: _____

Telephone: () _____ Fax Number: () _____

Organization's total operating budget for the current fiscal year: \$_____

Percentage of Board Members who contributed to your organization in the last twelve months? _
_____%

Total Project Budget: \$_____ Requested Amount: \$_____

Duration of Proposed Project: starting: _____ ending: _____
(Must start after January 1st)

When will the Grant be used? _____

Please provide a description of the specific purpose of the grant you are requesting. Include information on how the program you are seeking funding for will benefit our larger Jewish community. Offer a statement of need and explain why this program might be of a priority interest to our community. Describe in detail how you will implement the program, who will staff the program, the specific nature of the program (for example, is it educational, community building, etc.) You may use extra sheets as needed.

Organization's Mission Statement:

How is this program consistent with the mission of your organization and the goals of the Jewish

Federation of San Antonio?

How will the Jewish community ultimately benefit from the implementation of this program?

Name of person you have identified to implement this program or project:

If this person is already on staff, briefly describe the qualifications of this staff member(s) to implement the program/project. If applicable, who is the supervisor of this program coordinator/director?

Describe the extent of the need for this program and how it came to your organization's attention.

The projected number of participants is: _____

How will this program be marketed to its target population?

Is this a collaborative program/project? If yes, with which agency/organization and what is the role of the collaborating agency/organization(s)?

How will the project be evaluated? Please provide measurable objectives.

Have you applied for a Grant for this program from the Foundation before?

Yes___ No___

If yes, please list and detail amount requested, date of the request and status of funding:

Have you applied for funding from other Foundations or funding agencies for this project? Yes
No___

If yes, please list and detail amount requested, date of the request and status of funding:

Do you intend to seek a Foundation grant for this project next year?

Yes ___ No___ Possibly ___

Explain: _____

Since the Foundation only funds projects for two years, if this is to be an ongoing program, describe anticipated funding and implementation:

Does your organization have alternative sources of funding to supplement a Foundation grant that may only partially fund the proposed program?

Yes___ No___ Possibly___

Please describe:

Will the program or project be a collaboration with other organizations? If so, please elaborate: _____

Classification of the Project/Program: (Please Circle)

- | | |
|-------------------------|------------------------------|
| A. Education | E. Youth |
| B. Arts & Culture | F. Conservation/Preservation |
| C. Medical/Science | G. Religious |
| D. Social/Human Service | H. Other: _____ |

The information in this application and budget has been completed to best of our knowledge and is accurate on behalf of the organization as represented. The funds, if awarded, shall be used in accordance with the terms of this application.

SIGNED: _____ Date: _____
Executive Director

SIGNED: _____ Date: _____
President

Please include with the completed application:

- A. Original Application with 3 copies
- B. Your cover letter signed by your Executive Director, Chairman or authorized officer of your organization detailing any specifics of the Project or Program not outlined in the application
- C. One copy of your last audited Annual Financial Statement
- D. One copy of your IRS 501 (c)(3) Ruling Letter
- E. One copy of current list Officers and Board of Directors

DEADLINE FOR COMPLETED APPLICATION AND ATTACHMENTS

DATE: December 19 at 5:00 p.m.

SUBMIT TO:

**The Foundation for Jewish Philanthropies of San Antonio
Attn: Amy Levine-Reagin – reagina@jfsatx.org
12500 N. W. Military Highway, Suite 200
San Antonio, Texas 78231**

PROJECT BUDGET

Operational Sources Of Revenue:

Amount requested from	
JFSA Foundation	\$ _____
Applicant's Contribution	\$ _____
Private Contributions	\$ _____
Program Fees/Tuition	\$ _____
In-kind support	\$ _____
Corporations/Business	\$ _____
Foundation Grants	\$ _____
Collaborative Partners	\$ _____
Special Events/Fundraisers	\$ _____
Other	\$ _____

Total Revenue \$ _____

Operational Expenses:

Salaries/Fringe Benefits	\$ _____
Office Expenses	\$ _____
Printing	\$ _____
Marketing	\$ _____
Travel	\$ _____
Rent & utilities	\$ _____
Program Expenses	\$ _____
Program Evaluation	\$ _____
Other: _____	\$ _____

(Show total here and breakdown below)

Total Expenses \$ _____

Is this project budget also incorporated in your organizations budget? Yes____ No____

Salaries, equipment, rent and utilities, fees/expenses should be the prorated amounts relative to this application only. If existing staff, equipment and space will be allocated please take the relevant percentage of present costs.