

## Columbia Jewish Federation Grant Application Package

Thank you for your interest in assisting our Jewish Community.

Our Grant program has set forth the following guidelines that will hopefully guide you in promoting your request.

I. The Columbia Jewish Federation seeks to financially assist programs and activities which advance the mission of the Columbia Jewish Federation to further the welfare of the Jewish community in Columbia, South Carolina, and throughout the world.

Grants are intended for:

- programs or projects that enhance the Jewish community
- are provided to the Jewish community
- Leadership development
- Educational and cultural program about Jews and/or Israel.

II. Grants range from \$250 to \$2,000 per project.

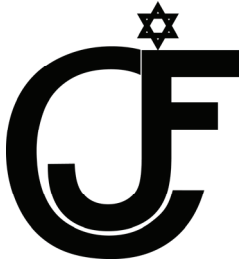
III. Below are areas of priority. (Yet the order of priority may shift yearly).

- (1). Jewish Education
- (2). Engaging Jewish Populations.
- (3). New ideas to enhance Jewish Life .

***Funding preference is given to collaborative projects or programs.***

IV. Grants are not renewable by the grants program. If this is a continuing project, you will need to show how the project will be sustained after the first year.

V. Requests are considered quarterly. Please submit your request by the 15th of January, April, July, or October. The committee will meet prior to the end of that quarter. All funded requests can expect to receive those funds prior to the end of the following quarter.



# Columbia Jewish Federation

DO NOT FILL OUT FOR FEDERATION OFFICE USE ONLY
AMOUNT REQUEST \$
AMOUNT ALLOCATED \$

## LOCAL GRANT APPLICATION ORGANIZATION INFORMATION

APPLICANT: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1). Total amount of request for funding from **The Columbia Jewish Federation**:

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

2). If applicable, did the organization's Board of Directors approve this application for submission?

\_\_\_\_\_  
**Agency President or Board Chair (typed)                      Signature                      Date**

## PROGRAM DESCRIPTION

Please provide a description, plan and budget for the program for which you are seeking funding. If funding is requested for a new program, please include a brief explanation indicating how your agency has identified the need to be addressed; the target population to be served; the staff increases required, if necessary; etc.

Please follow the format provided below in your documents, identifying each item by number and description.

**Applicant:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

1. **Description:** (Please give a one (1) paragraph overview of the program.)

2. **Need:** What is the unmet community need that the proposed program addresses, and how was this unmet need determined?

3. **Population:** What is the target population to be served? Please provide information about the projected number of “clients” (people to be served), including statistical information, where applicable, of any or all of the following factor: age, geographic location, socioeconomic background, religious affiliation, special health or other needs, etc.

4. **Goals:** What are the program goals? How will the intended results of the program reduce the unmet needs of your target population? How is this program consistent with the mission of your organization and the goals of **The Columbia Jewish Federation**?

5. **Implementation:** Provide a description and timetable of the specific activities which will be conducted through your program.

6. **Evaluation:** Present a written plan for measuring the degree to which above objectives are met, in both qualitative and quantitative terms with identifiable benchmarks. We ask that this evaluation be reported to **The Columbia Jewish Federation with in two weeks of the conclusion of the project or program.**

7. **Looking ahead:** If this is to be an ongoing program, describe future funding and implementation.

8. Please attach any other information you feel is important in relation to the proposed program.

## PROGRAM BUDGET

Please list all expenses and sources of income. List, but do not assign a dollar value to, in-kind donations (e.g. services and facilities donated to the program by the sponsoring organization or their staff and volunteers). Indicate in the amount column "in-kind." Please note that **Total Expenses** and **Total Revenue** should be the same amount.

### **AMOUNT**

### PERSONNEL

Salary and wages for full and part time staff for this program ONLY (i.e. new employees hired specifically for this program or additional hours for existing employees working on this program). Specify number of hours and rate per hour.

\_\_\_\_\_

Consultant/contract service (specify number of hours and rate per hour) \_\_\_\_\_

### Non-Personnel

Space cost (including rental, maintenance and utilities) \_\_\_\_\_  
Itemize if more than one location

Equipment (rental, lease, purchase) \_\_\_\_\_

Publicity and advertising \_\_\_\_\_

Postage \_\_\_\_\_

Travel: Local/Out of town \_\_\_\_\_

Consumable supplies \_\_\_\_\_

Printing, duplication \_\_\_\_\_

Insurance \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

### **REVENUE**

Program Service Fees: \_\_\_\_\_ participants @ \$\_\_\_\_\_/person \_\_\_\_\_

Amount requested from the Columbia Jewish Federation: \_\_\_\_\_

Other grant support (please specify) \_\_\_\_\_

Other sources of revenue (e.g. contributions) please specify \_\_\_\_\_

\_\_\_\_\_ **TOTAL INCOME:** \_\_\_\_\_