

## GRANT APPLICATION COVER PAGE

Please print or type on this page the information requested below.

If you have any questions about the application, please call Gail Wechsler at the Jewish Community Relations Council, 314-442-3894.

ORGANIZATION: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_

VOLUNTEER COORDINATOR: \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_ NUMBER OF FULL-TIME EMPLOYEES: \_\_\_\_\_

TOTAL BUDGET OF ORGANIZATION: \$ \_\_\_\_\_

TOTAL BUDGET OF PROJECT \$ \_\_\_\_\_

(if applying for a specific project)

AMOUNT REQUESTED FROM JEWISH FUND \$ \_\_\_\_\_

PURPOSE OF GRANT\*: \_\_\_\_\_

\_\_\_\_\_

In addition to this **Cover Page**, your answers to the enclosed **Questions**, and the **Budget Information**, please include:

\_\_\_ a list of organizations, corporations, and foundations providing financial support in the last two years;

\_\_\_ a current list of your Board of Directors; and

\_\_\_ a statement documenting the organization's 501 (c)(3) status.

**PLEASE MAIL TO:**

**RABBI ROBERT P. JACOBS JEWISH FUND FOR HUMAN NEEDS**

**#12 MILLSTONE CAMPUS DRIVE**

**ST. LOUIS, MO 63146-5776**

\*Allocated funds may only be used for their stated purpose. The JFHN may recover grant funds if they appear to be misused. An Allocation (use of funds) Report will be due within six months after receipt of funds.

New

## **GRANT APPLICATION QUESTIONS**

**Please answer each of the following questions on a separate sheet.**

1. State the mission of your organization, and any supporting goals and objectives that have been identified. Include the nature of the problem(s) you are working to address, the types of clients served, and the aid you provide to clients.
2. Provide a brief history of your organization (including the year founded).
3. State the number of clients that you serve. If possible, also state the size of the potential clientele. (Example: *We provide assistance to 1,000 people every month out of 5,000 residents in our service area living below the poverty line.*)
4. Describe your staffing pattern. How many full- and part-time employees do you have, and what roles do they play?
5. How many volunteers do you have, and what roles do they play?
6. If you are not requesting funds for a specific project, how would the grant be used? If you are applying for funds for a specific project, please describe the project, including its budget and other sources of income secured or projected.

***Thank you. Please be sure to include the Cover Page and Budget Information with your responses to these Questions.***

New

## GRANT APPLICATION BUDGET INFORMATION

Please fill in the following information for your last complete fiscal year and your current fiscal year. Attach any necessary clarifying information.

<b>Revenues</b>	<b>Last Fiscal Year</b>	<b>%</b>	<b>Current Budget</b>	<b>%</b>
Individual Contributions	_____	_____	_____	_____
Foundations	_____	_____	_____	_____
Corporations	_____	_____	_____	_____
Religious Community	_____	_____	_____	_____
Government Grants	_____	_____	_____	_____
United Way	_____	_____	_____	_____
Fees for Service	_____	_____	_____	_____
Benefits/Fundraisers	_____	_____	_____	_____
Other (interest, etc.)	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____
Value of In-Kind Contributions	_____		_____	

<b>Expenses</b>	<b>Last Fiscal Year</b>	<b>%</b>	<b>Current Budget</b>	<b>%</b>
Rent & Utilities	_____	_____	_____	_____
Salaries & Benefits	_____	_____	_____	_____
Program Costs	_____	_____	_____	_____
Financial Assistance to Clients	_____	_____	_____	_____
Fundraising Costs	_____	_____	_____	_____
Capital Improvements	_____	_____	_____	_____
Office Costs (postage, printing, supplies, etc.)	_____	_____	_____	_____
Miscellaneous (dues, travel, etc.)	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____
Excess or Deficiency of Revenues Over Expenses*	_____		_____	

\*Please explain use of excess funds or plans to eliminate deficit.