

RABBI ROBERT P. JACOBS JEWISH FUND FOR HUMAN NEEDS

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 Marilyn Ratkin at the Jewish Community Relations Council, 314-442-3873.

ORGANIZATION: _____

ADDRESS/CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

EXECUTIVE DIRECTOR: _____

VOLUNTEER COORDINATOR: _____

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.

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.

Renew/Revisit

GRANT APPLICATION QUESTIONS

Please answer each of the following questions.

1. Please state significant changes your organization has undergone since you last received a JFHN grant, such as new programs, staff changes, new funding sources, or new collaborative efforts with other organizations.
2. What has been your organization's most significant achievement(s) since your last JFHN grant? Use specific numbers if applicable.
3. What is the greatest challenge facing your organization in the year to come?
4. 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.
5. Please provide an evaluation of how the money you last received from the Jewish Fund for Human Needs has been utilized. If you received funding last year for a specific project, please provide an evaluation of the outcomes of the project.
6. Please describe the involvement of the religious community in your organization. (Board representation, volunteer support, in-kind contributions, grants, staff members, etc.)

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

Revisit

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.

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

Expenses	Last Fiscal Year	%	Current Budget	%
Rent & Utilities	_____	_____	_____	_____
Salaries & Benefits	_____	_____	_____	_____
Program Costs	_____	_____	_____	_____
Financial Assistance to Clients	_____	_____	_____	_____
Fundraising Costs	_____	_____	_____	_____
Capital Improvements	_____	_____	_____	_____
Office Costs (postage, printing, supplies, etc.)	_____	_____	_____	_____
Miscellaneous (dues, travel, etc.)	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Excess or Deficiency of Revenues Over Expenses* _____

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