



**THE FOUNDATION**  
Jewish Communities of Western CT, Inc.

**Short Form**

**The Foundation, Jewish Communities of Western CT, Inc.**

**Request for Funds**

send to: 444 Main Street North, Southbury, CT 06488 • 203-267-3177  
or email to: dalbertario@jfed.net

**I. Applicant:**

- a. Name: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_
- c. Applicant Contact Person & Title: \_\_\_\_\_
- d. Office Telephone, Fax # & email Address: \_\_\_\_\_

**II. Project Title:**

- a. Amount Requested from Foundation: \_\_\_\_\_
- b. Purpose: \_\_\_\_\_  
\_\_\_\_\_
- c. Goals and Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. What is the target population? \_\_\_\_\_
- e. What is the time period for fund use? \_\_\_\_\_

**III. Qualification Information, (if startup project complete this section):**

- a. List the names, titles and qualifications of the individuals who will administer this project  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. How does the applicant plan to evaluate the success of the project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Organization Information:

a. List the current Officers and Board Members of the applicant's organization:

b. For New Applicants Only: Please describe your organization including its history and financial information:

#### V. Funding Info:

a. What other funder(s) has the applicant applied to for funding of this project?

b. What is the applicant's current annual budget? \_\_\_\_\_

c. What is the total project budget? \_\_\_\_\_

I hereby certify that the statements contained in this application are true and correct and that this project proposal has met our Board's approval at a meeting held on .

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*Signature & Title:*  
*Executive Director or Equivalent*

*Date:*

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*Signature & Title:*  
*Chair or Equivalent*

*Date:*