



THE FOUNDATION
Jewish Communities of Western CT, Inc.

Long 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 Organization:

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

II. Project Title:

- a. Amount Requested from Foundation: _____
- b. Project description:

- c. Project Goals and Objectives:

- d. What are the specific activities, staffing and time line to be carried out in the project?

- e. What is the target population? _____
- f. What is the time period of the program project? _____

III. Qualification Information:

- a. Describe the experience the applicant has in conducting similar programs:

- b. List the names, titles and qualifications of the individuals who will administer this project

- c. How does this project complement or differ from what the applicant has been conducting until now?

- d. How does the applicant plan to evaluate the success of the project?
Please provide measurable objectives.

IV. Organization Information:

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

- b. State the number of paid employees _____
- c. 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 long-term plan for funding this project?

c. What is the applicant's current annual budget? _____

d. What is the total project budget? _____

e. Approximately, what is the percent of the project to the applicant's overall budget? _____

f. What is the applicant's allocation, if any, from The Jewish Federation of Jewish Communities of Western CT., Inc.? _____

VI. Revenue Sources

a. ____% federal

b. ____% state

c. ____% city

d. ____% United Way

e. ____% fund raising (events, gifts, bequests, etc.)

f. ____% membership

g. ____% fees

h. ____% grants

i. ____% investment income

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 .

Signature & Title:
Executive Director or Equivalent

Date:

Print Name

Signature & Title:
Chair or Equivalent

Date:

Print Name