



National Council of Jewish Women

**NATIONAL COUNCIL OF JEWISH WOMEN
FUNDING APPLICATION**

Name of Project/Program: _____

Amount Requested: _____

Date of Application: _____

Date Funding Needed: _____

Request for Project/Program Funds

Request for Emergency Funding

Legal Name of Organization: _____

Employer Identification Number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact Person & Position: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Year Established: _____

I. ORGANIZATION INFORMATION:

A. Mission Statement:

B. Number of full/part-time employees:

C. Describe the Agency's ongoing programs and services
and the population(s) served:

D. Describe any ongoing collaborations or linkages with other agencies and/or
organizations:

II. PROJECT/PROGRAM FOR WHICH FUNDS ARE REQUESTED INFORMATION:

Total project/program operating cost for which funding is requested: \$ _____

- A. Describe the scope of the project/program for which funds are requested and how the funds will be used.
- B. Timeframe for disbursement of funds? (from mm/yyyy to mm/yyyy)
- C. What funds have been received to date from other sources in support of this project/program?
- D. Is this a new project/program? If not, how long has it been in existence?
- E. What issue/need will be addressed?
- F. Are other organizations in your area addressing the same issue? If yes, identify those organizations and indicate how your organization or proposal differs in scope or approach.
- G. What constituency will be served? (List demographics, e.g. income level, gender, age, ethnicity, geographical area and specific groups to be targeted such as people with disabilities, senior, etc.)
- H. How does the issue relate to your organization and why is your organization qualified to undertake the stated funding activities?
- I. What existing community resources/facilities/people/partnerships will you use?
- J. How will success be measured?
- K. What information will be collected to monitor the program's/project's progress?
- L. How will the project/program be funded once the National Council of Jewish Women funding ends?
- M. List specific volunteer opportunities for National Council of Jewish Women members in this project/program and the organization:
- N. Specify how the organization will create a National Council of Jewish Women branded identity for the project? (EX: The NCJW Health Fair at the ABC Agency of Houston, The NCJW School Lunch Assistance Program).

- O. How will your organization promote the branded identity throughout the term of the funding? Provide specifics (EX: website, signage, event T-shirts, newspaper articles, printed program publicity, forms using the program identity, etc)

III. Organization's Financial Information

Fiscal Year End Date:

Current Operating Budget: Revenues:

Expenses:

Prior Year Operating Budget: Revenues:

Expenses:

% of Budget spent on: Fundraising:

Programs:

Administrative Expenses:

% of Revenue Base from: Houses of Worship:

Civic Clubs:

Corporate Donors:

Endowment/Interest:

Fees for Service/Products:

Government Contracts:

Government Grants:

Individual Donors:

Private Foundations:

Special Events:

United Way:

Other (specify):

Organization Reserve:

Does the Board have a reserve policy?

If yes, what is it and what is the total of the current reserve?

Do you have an endowment fund?

If so, how much is it?

What percentage is available annually for expenditures by your organization?

IV. Board Information

- A. How often does the Board meet?
- B. Describe the Board term limits and size established in your by-laws?
- C. How many Board vacancies do you currently have?
- D. What % of Board members volunteer and support the work of your organization outside of Board meetings? How many volunteer hours?
- E. Do you have a method in place to document the above?
If yes, describe:
- F. What % of Board members contribute personally to the organization?
- G. What % of Board members provide corporate contributions to the organization?

Organization's Board Chairman:

Name: _____

Title: _____

Company (if applicable): _____

Phone: _____

Email: _____

Signature of Board Chair: _____

Date: _____

Organization's Executive Director/Chief Staff Executive:

Name: _____

Title: _____

Phone: _____

Cell: _____

Fax: _____

Signature of Chief Staff Executive: _____

Date: _____

FOR NCJW OFFICE USE ONLY:

Date NCJW reviewed:

Date NCJW approved:

Date denied:

Amount approved:

Date funds dispersed:

Approved for funding term **mm/yyyy** - **mm/yyyy**: