



National Council of Jewish Women

**NATIONAL COUNCIL OF JEWISH WOMEN
RETURNING AGENCY FUNDING APPLICATION**

Name of Organization: _____

Name of Project/Program: _____

Amount Requested: _____

Date of Application: _____

Date Funding Needed: _____

___ Request for Project/Program Funds

___ Request for Emergency Funding

Previous NCJW Funding: (Years and Amounts):

Employer Identification Number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact Person & Position: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

I. ORGANIZATION MISSION STATEMENT:

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

Total project/program budget: \$ _____

Organization's Representative:

Name: _____

Title: _____

Phone: _____

Fax: _____

Signature: _____

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**: