

# 2019 HOLOCAUST SURVIVOR CRITICAL SUPPORTS Grant Application – cover

***Please note:***Click into each individual field to enter a response. Once completed, please submit via email to ***fkatz@gmjf.org by Thursday, August 8, 2019 at 4:00 PM.***

## **Organization/Program** **Information**

**Organization Name**  Click or tap here to enter text.

**Federal Tax ID Number** Click or tap here to enter text.

**Mailing Address** Click or tap here to enter text.

**Phone/Fax Numbers** Click or tap here to enter text.

**Executive Director/CEO** Click or tap here to enter text.

**Program Name** Click or tap here to enter text.

**Grant Contact Name and Title** Click or tap here to enter text.

 **Office** Click or tap here to enter text.

 **Cell** Click or tap here to enter text.

 **Email Address** Click or tap here to enter text.

**Organization’s Website** Click or tap here to enter text.

**Year Founded** Click or tap here to enter text.

**Total Organization Budget** Click or tap here to enter text.

**Total Program Budget** Click or tap here to enter text.

**Amount Requested** Click or tap here to enter text.

## **Organization Mission *(limit 100 words)***

Enter Response Here (text box will expand as you type)

##  **Program Summary *(limit 150 words)***

Enter Response Here (text box will expand as you type)

## ***Certification and Acceptance:*** *I certify this request has been authorized by the governing body. I certify this organization does not discriminate on the basis of sex, age, race, color, sexual orientation, nationality, or disability. I certify the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with the terms and conditions if a grant is awarded as the result of this application.*

**By signing below, I acknowledge agreement with the above Certification and Acceptance.**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click here to select date |
| Print Name |  Signature | Date |

# II. 2019 HOLOCAUST SURVIVOR CRITICAL SUPPORTS Grant application – Narrative

#  *Limit the section to 2 pages.*

## **Program Need:** Describe the needs you plan to address. Include the evidence/experience/ knowledge that informs you that this is a significant need in the Holocaust survivor community.

Enter Response Here (text box will expand as you type)

## **b. Program Description:** Describe the program and activities, including the timetable and a description of the types of crises you anticipate will be impacted.

 Enter Response Here (text box will expand as you type)

## **c. Crisis Prevention and/or Crisis Resolution:** Will your program -address those currently in crisis; -prevent future crises; or - both address current crises and prevent future crises? (Choose one)

 Enter Response Here (text box will expand as you type)

## **d**. **Person Centered Trauma Informed Care (PCTI):** How will the principles of PCTI be applied during your program? \* Providing PCTI care is a fundamental requirement of this grant.\*

Enter Response Here (text box will expand as you type)

## **e. Program Success Expectations:** On what evidence/experience/logic do you base your expectations that this program will be successful?

Enter Response Here (text box will expand as you type)

## **f. Program Success Definition and Evaluation:** How will you define success and how will you evaluate the success of the program?

 Enter Response Here (text box will expand as you type)

## **g. Target Population:** Who are your intended clients? How many do you anticipate serving? How will you recruit them?

 Enter Response Here (text box will expand as you type)

## **h**. **Program Location:** Where will your program take place? Who will be responsible for leading it? Include a brief description of the leader’s qualifications.

Enter Response Here (text box will expand as you type)

## **Collaboration:** Will your program involve strategic collaboration with other community agencies or organizations? Please describe the nature of the collaboration and with whom?

Enter Response Here (text box will expand as you type)

# 2019 HOLOCAUST SURVIVOR CRITICAL SUPPORTS Grant - Financial information

## **a. Sustainability:** Do you anticipate that you will sustain this program after the grant period has ended? If so, how do you plan to do so?

Enter Response Here (text box will expand as you type)

## **b. Budget:** Please submit a proposed budget for your program using the template that follows.

***Total Program Budget***

|  |  |  |  |
| --- | --- | --- | --- |
| **Time Period Represented:**  | Click to select date | **to** | Click to select date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Amount** | **Revenues** | **Amount** |
| Salaries/Benefits | Click to enter $$ | Organizational contribution | Click to enter $$ |
| Training | Click to enter $$ | In-kind | Click to enter $$ |
| Consultants/Professional Fees | Click to enter $$ | Federation Request | Click to enter $$ |
| Speakers | Click to enter $$ | Earned Income (Fees) | Click to enter $$ |
| Travel/Lodging | Click to enter $$ | Individuals | Click to enter $$ |
| Supplies/Materials | Click to enter $$ | Foundations (list separately) | Click to enter $$ |
| Printing/Publications | Click to enter $$ | Government | Click to enter $$ |
| Food/Beverage | Click to enter $$ lick to enter $$ | *Other Funding: (specify)*  |
| Postage/Shipping | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
| Equipment | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
| Marketing/Advertising | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
| Evaluation | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
| *Other: (specify)* |  Click or tap here to enter text. | Click to enter $$ |
|  Click or tap here to enter text. | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
|  Click or tap here to enter text. | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
|  Click or tap here to enter text. | Click to enter $$ |  Click or tap here to enter text. | Click to enter $$ |
| **TOTAL EXPENSES** | **Click to enter $$** | **TOTAL REVENUE** | **Click to enter $$** |

## **c. Contingency:** If you do not receive the full amount of funding requested from Federation or others, how will this impact the achievement of your goals?

Enter Response Here (text box will expand as you type)

##  **d. Recognition:** How will the organization recognize Federation’s support?

Enter Response Here (text box will expand as you type)

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