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**Women of Vision Society**

**2018 Grant Application**

**Applications are due to The Jewish Foundation Office by Thursday, May 31 at 5:00 p.m.**

**Attn: Jennifer Bayer, 360 Amity Road, Woodbridge, CT 06525**

**Please submit 20 hard copies of the application**

**1 Organization Name:**

**2 Address:**

**3 Primary Contact (Email and phone):**

**4 Mission of your organization:**

**5 Project title:**

**6 Total projected budget for this project:**

**7 Total amount requested from Women of Vision Society:**

**8 Is this a new project? \_\_\_\_Y\_\_\_\_\_N**

**9 If no, has this project received funding from the WOV previously? \_\_\_\_\_Y\_\_\_\_\_N**

**10 How many years has this project been running?**

**11 In 50 words or less, concisely summarize this project:**

**12 How does your project relate to the goals stated in the Women of Vision Society 2018 Grant Making Guidelines?** (Please be specific and include at least two goals to which your project relates)

**13 What are 2-3 specific objectives that this project intends to accomplish?**

**14 What method(s) will be employed to achieve and implement the desired outcomes?**

**15 How will you measure whether the outcomes have been realized?**

**16 Target population:**

**Anticipated number of participants:**

**% new or current participants in your organization:**

**17 Will you need to hire new staff or use existing staff to run this project?**

**18 Name and Title of project lead:**

**Complete the budget of the project (income, expenses, and any related items.)**

**EXPENSES**

|  |  |
| --- | --- |
| **Costs (please specify each line item)** | **Budget** |
| **Staffing** | **$** |
| **Marketing**  | **$** |
| **Equipment** | **$** |
| **Materials** | **$** |
| **Transportation** | **$** |
| **Rentals**  | **$** |
| **Other** | **$** |

 **Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **INCOME**

|  |  |
| --- | --- |
| **Donations** | **$** |
| **Grants already received** | **$** |
| **Fees/Admission/Couvert** | **$** |
| **Other income (please specify)** | **$** |
| **Total** | **$** |

**Note: If listing in-kind income, please include a corresponding in-kind cost.**

**19 Have other sources of funds been sought or awarded for this project?**

**20 If applicable, describe a continuation of the project beyond the grant period.**

**Check List (Please complete and initial each item)**

**\_\_\_\_1. This project is relevant to at least two goals as stated in the Women of Vision Grant Making Guidelines.**

**\_\_\_\_2. I have provided evidence that there is demonstrated need for the project or program within the Jewish Community of Greater New Haven &/or Israel.**

**\_\_\_\_3. I have defined my target population.**

**\_\_\_\_4. I have provided a justifiable and appropriate budget in relation to the proposed project.**

**\_\_\_\_5. I have completed each question on the application.**

**\_\_\_\_6. If a 2017 Women of Vision Grant was awarded to my organization, I have submitted an evaluation for that grant.**

**Signature-Executive Director Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature-Board of Trustees Officer, Title Date**

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