

WOMEN OF VISION SOCIETY'S



2024 Grant Application



Jewish Foundation
OF GREATER NEW HAVEN



Applications are due by Tuesday, January 30, 2024 at 5:00 p.m., Eastern.

Jewish Foundation of Greater New Haven Attn: Beth Kupcho, 360 Amity Road, Woodbridge, CT 06525

Please submit 5 hard copies of the application

1. Organization Name: _____
2. Address: _____
City: _____ State: _____ Postal Code: _____
3. Email: _____ 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? Yes No
9. If no, has this project received funding from the WOV previously? Yes No
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 2024 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? Yes No



18. Project Lead name and title: _____

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? Yes No

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

Check List (Please complete and initial each item)

- _____ This project is relevant to at least two goals as stated in the Women of Vision Grant Making Guidelines.
- _____ I have provided evidence that there is demonstrated need for the project or program within the Jewish Community of Greater New Haven &/or Israel.
- _____ I have defined my target population. I have provided a justifiable and appropriate budget in relation to the proposed project.
- _____ I have completed each question on the application.
- _____ If a 2023 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