

**Women’s Impact Initiative – 2019-2020 Grant Application**

The *Women’s Impact Initiative* provides grants from the Greater Miami Jewish Federation/UJA Annual Campaign to non-profit organizations that inspire and empower Jewish women and girls in Miami, as well as improve our local community through programs that achieve social, economic, religious and political equality.

# Impact initiative– GRANT coveR SHEET

***Please note:***Click into each individual field to enter a response. Once completed, please submit via email to ***wiigrants@gmjf.org by Monday, September 16 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.

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

**Year Organization 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.

**Number of Jewish women/girls to be served by program** Click or tap here to enter text.

## **Organization Mission *(in one sentence)***

*Enter Response Here (text box will expand, there is no text limit)*

## **Program Summary *(in one sentence)***

*Enter Response Here (text box will expand, there is no text limit)*

## ***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 |

# 2019-2020 women’s impact initiative Grant application - Narrative

*Please quantify your responses where possible.*

## **Organizational Summary:** Briefly describe your organization and its goals.

*Enter Response Here (text box will expand, there is no text limit)*

## **Program Description:** Describe the program and activities, as well as how the new or expanded program you propose addresses the root causes identified in the statement of need. How will the overall status of Jewish women and/or girls be improved by this program?

*Enter Response Here (text box will expand, there is no text limit)*

## **Statement of Need:** What is the community need for your program and how was it determined? Describe how your program relates to the priorities of the *Women’s Impact Initiative* mission. Include data to support your identified problem or issue.

*Enter Response Here (text box will expand, there is no text limit)*

## **Goals and Objectives:** What are the goals and specific, measurable objectives for the program? Please make sure that your objectives are reasonable and achievable within the funding period. How do your goals and objectives align with your organization’s mission?

*Enter Response Here (text box will expand, there is no text limit)*

## **Target Population:** What is your program’s target population and projected number to be served; how does your organization involve them in its organization/program planning process?

*Enter Response Here (text box will expand, there is no text limit)*

## **Staffing and Collaboration:** Please summarize the qualifications of the key individuals involved in carrying out the plans outlined in this request. What are the other organizations providing similar services and how does your agency work with or partner with them?

*Enter Response Here (text box will expand, there is no text limit)*

## **Implementation Plan:** Please describes the steps you would take to implement the project with a specific timeline for each of the major steps.

*Enter Response Here (text box will expand, there is no text limit)*

## **Evaluation:** Please explain how you will measure the program’s success/impact? Include anticipated outputs, outcomes, and indicators of success. How will results be used for program planning?

*Enter Response Here (text box will expand, there is no text limit)*

# 2019-2020 Women’s Impact Initiative - Financial information

## **1. Funding Status and Plans:** What is the total program budget? How much are you requesting from Federation? What other funding sources have you secured or are you seeking; please indicate the status of these requests? *(****Please note:*** *Federation will not fund more than 75 percent of a program).*

***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 $$ | *Other Funding: (specify)* | |
| Postage/Shipping | Click to enter $$ | 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 $$** | **TOTAL REVENUE** | **Click to enter $$** |

## **2. 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, there is no text limit)*

## **3. Sustainability:** Please address the sustainability of your program beyond the timeline of this funding and provide long-term strategies for funding.

*Enter Response Here (text box will expand, there is no text limit)*

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

*Enter Response Here (text box will expand, there is no text limit)*

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