



"ENHANCING LIFE FOR JEWISH SENIORS"

Grant Application Cover Sheet

Deadline: April 11, 2011

Organization Name: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Fax Number _____ Website _____

Primary Contact for Proposal _____ Phone _____

Project Title _____

Total Cost of Project _____ Amount Requested from BJH Foundation _____

BJH Priority(ies): Check any that apply.

___ a. Targets unmet needs of Jewish seniors currently being served by your organization

___ b. Targets Jewish seniors not previously identified or served

___ c. Targets Jewish seniors in isolated geographical areas where few services exist or Jewish contacts are available.

Number of unduplicated Jewish seniors served: _____ Number of others served: _____

Eligibility: (Check all that apply)

___ Tax exempt charitable organization – IRS 501 © (3)

___ Affiliated with tax-exempt organization – government, school, synagogue

___ North Carolina

___ South Carolina

Have you received a BJH Foundation grant in previous years? ___ Yes ___ No

If yes, please list the year and amount of grant (s).

Year	Amount
_____	_____
_____	_____
_____	_____

Summary: Please provide a 2-3 sentence summary of the project or activity for which you are requesting funds.

Project Funding Sources:

Please list all anticipated funding sources for this project.

Funding Source	Amount Requested or Received	Date of Expected Decision/Amount Awarded
BJH Foundation	\$	June , 2011
	\$	
	\$	

Financial Information for the Organization

Fiscal Year: _____ to _____ Yearly Operating Budget _____

Does your organization have an annual outside audit? ___ Yes ___ No

If so, please provide a copy of the most recent one.

Signatures of chief staff person and chief officer of the Board of Directors are required. These signatures indicate:

- a. Board officer approval of request (President or Chairperson),
- b. The organization’s commitment to complete appropriate forms/reports if a grant is awarded.

<p>Name of Board Chairperson _____</p> <p>Signature _____</p> <p>Name of Chief Staff Person _____</p> <p>Signature _____</p>
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Deadline April 11, 2011**

Directions:

Using this format, please answer each question below. This format must be used in completing your proposal narrative. This document is available for downloading from the website www.bjhfoundation.org. All applications must be submitted by mail or in person by the deadline.

Organization: _____

Project Title: _____

BJH Focus Area (s): Check the primary focus area (one) included in this grant.

- _____ a. Healthy Aging
- _____ b. Preservation of Jewish culture, traditions, values and beliefs
- _____ c. Meal/fellowship/social programs
- _____ d. Access/choice programs that improve health and well-being

1. **Describe the proposed project's intended goals and objectives.** Tell us what you plan to do to enhance the life of seniors. Complete your response with a sentence or two that explains how this project meets the mission and priorities of the BJH Foundation and specific senior needs in your community.

2. **What are the specific activities of the project?** Describe exactly what you will be doing on a daily/weekly basis. Is this project a part of an ongoing program, a new program, an expansion of an existing program or other? Examples: Serving meals to 12 people twice a week who otherwise would not receive a nutritious meal; visiting 20 seniors at home or in centers who do not have the opportunity to participate in Temple groups or activities; provide screenings (blood pressure diabetes, vision, osteoporosis, etc.) to 75 seniors; provide respite day care for 10 seniors one or two days per week.

3. **What is the overall work plan for the project?** Include a timetable and describe specific steps required to achieve the outcomes expected in this project.

4. For what will the requested funds be used?

Describe specifically how you will spend the funds from BJH. Complete the Project Budget form and attach it to the application to show the source and use of all other funds required to implement the project.

Benefits and Impact of the Project: *Benefits of a project are seldom one dimensional. In most cases, the participants or people, the sponsoring organization and the community at large will derive benefits from an activity or project. Complete the chart and answer questions in items 5 through 8 to explain the benefits and outcomes expected.*

5. Benefits of the Project – To the Seniors

Use the chart below to answer the following questions using only as many rows as needed for your project. Most projects will use only one or two.

a. Who are the seniors WHO will benefit most from the project? Identify distinct groups of beneficiaries (e.g., participants, isolated seniors living at home, isolated seniors living in a facility, seniors never served before). Describe each group in terms of number, their relationship to the project, geographic location, etc.

b. For each group, HOW will the seniors benefit from the project? In other words, what will change for this group of seniors as a result of being in this project? Describe in terms of health, mental or social well-being, new knowledge, change in behavior, quality of life, social support, etc.

<u>5 a.</u> Who/Group (Identify the group)	<u>5 a.</u> # Served in this Group	<u>5 a.</u> Description of the Seniors	<u>5 b.</u> Benefit Received from Participation in Project	Measure of Success (How will you know the benefit has occurred? How will you measure success, i.e. satisfaction survey, attendance report, change in health status, etc.)
1.				
2.				
3.				
4.				

What percentage of the seniors served are Jewish? _____ Percent

6. Benefits of the Project – To the applicant organization

How will this project improve your organization (e.g., stronger programs, new strategies, religious involvement, new participants in your faith community, increased visibility in the community, reach more Jewish seniors with unmet needs, etc.)?

7. Benefits of the Project – To the larger community

Are there any additional ways in which this project will improve the lives of Jewish seniors? **Circle the letter** of each item below that is true for this project, and please explain why you have identified this benefit.

- a. preserving Jewish culture, beliefs, values and traditions
- b. providing access or choice of services in a nurturing, caring way
- c. encouraging interconnectedness among individuals and the faith community
- d. strengthening leadership across the community

Explanation:

8. In what ways does your organization differ, collaborate or add to the provision and continuity of services for seniors in your community?

9. What are the relevant qualifications of your organization and staff?

- a. Identify key staff and volunteers responsible for this project? (*Attach a list*)
- b. Identify any recognition, certification, accreditation or other credentials your organization or key staff have received. (*List beside the name of each staff*)
- c. Please attach a list of Board members and their professional and/or community affiliation. (*Attach a list*)

REQUIRED ATTACHMENTS:

- A copy of your organization's IRS certification as a 501 (c) (3) entity, if applicable.
- Proposed project budget (*See page 6 of this application for form*)
- The parent organization's most recent annual budget and year-end financial report
- A signed copy of the enclosed "Grantee Acknowledgement Guidelines"
- A list of current board members (*See Question 9c above*)
- A list of key staff and volunteers responsible for project with titles/position/credentials (*See Question 9 a & b above*)

If available, please send also:

- A brochure or flyer about your organization or program
- Copies of pertinent information or articles about the program or activities

Submission Instructions:

- Please do not put in notebook, binders or use report covers or tabbed dividers.
- Submit only one copy of the application and attachments.
- The application must be postmarked by 5:00 p.m. on or before the deadline day.
- Mail to: BJH Foundation for Senior Services, Post Office Box 10383, Greensboro, North Carolina 27404

Project Budget

Organization: _____

Project Title: _____

Income for Project	
BJH Foundation for Senior Services	\$
Other Funding Sources (Please List)	
	\$
	\$
	\$
Total Income	\$

Expenses for Project		
Expense	Project Budget	From BJH
Total BJH Funds Expenses		