

Organization Information

Name of Organization \*

Year Organization was Founded \*

Mailing Address (include city, state, zip)

Country \*

Phone Number \*

Website

Primary Contact (preferably Executive Director) \*

Primary Contact Email Address \*

Primary Contact Phone Number \*

Name of Parent Organization (if applicable)

Is your organization a registered 501(c)(3) or legal international equivalent (Amutah, etc)? \*

Yes

No

Provide your organization's TIN/EIN or legal international equivalent. \*

Provide your organization's 2016 operating budget. \*

Total Amount of Support Requested: \*

Donor Information

How many donors are funding your organization or project/program for the purpose of this matching grant? \*

Name of Donor 1 \*

Name of Foundation (if applicable)

Donor/Foundation 1 Contact Email Address \*

Donor/Foundation 1 Phone Number \*

Donor/Foundation Website \*

Donor/Foundation Mailing Address (including City, State, Zip & Country) \*

Total Amount of Gift from Donor/Foundation (US\$) 1 \*

Is gift 1 new or increased? \*

New

Increased

If gift 1 is increased, when was the most previous gift given and how much was it (US\$)? \*

Name of Donor 2 \*

Name of Foundation (if applicable)

Donor/Foundation 2 Contact Email Address \*

Donor/Foundation 2 Phone Number \*

Donor/Foundation Website \*

Donor/Foundation Mailing Address (including City, State, Zip & Country) \*

Total Amount of Gift from Donor/Foundation (US\$) 2 \*

Is gift 2 new or increased? \*

New

Increased

If gift 2 is increased, when was the most previous gift given and how much was it (US\$)? \*

Name of Donor 3 \*

Name of Foundation (if applicable)

Donor/Foundation 3 Contact Email Address \*

Donor/Foundation 3 Phone Number \*

Donor/Foundation Website \*

Donor/Foundation Mailing Address (including City, State, Zip & Country) \*

Total Amount of Gift from Donor/Foundation (US\$) 3 \*

Is gift 3 new or increased? \*

New

Increased

If gift 3 is increased, when was the most previous gift given and how much was it (US\$)? \*

Narrative

What type of grant are you applying for? \*

Organizational Support

Project/Program Support

Describe the purpose of your project or program. \* (Max: 500 words)

Please describe how the grant and matching funds will be used, while addressing the following questions in your answer: If the grant is for organizational support, how will it improve the scope and impact of your work? Will the grant be used towards an existing or new program? If the program is new, is it a one-time event or is it potentially on-going? If the program exists, how long has it been running and how has it helped foster the inclusion of and create a culture of welcoming and acceptance for persons with disabilities within the Jewish community? Describe the expected results from your organization or program. \* (Max. 1000 words)

How does your organization/project foster the inclusion of and create a culture of welcoming and acceptance for persons with disabilities within the Jewish community? \* (Max. 250 words)

Does your organization/project include persons with disabilities as founders or in positions of leadership? Please describe. \* (Max. 250 words)

How does your organization/project engage collaboratively with other organizations that are also working to foster the inclusion of and create a culture of welcoming and acceptance for persons with disabilities within the Jewish community? \* (Max. 250 words)

How did you learn about this Matching Grant Initiative?

- Jewish Funders Network
- Genesis Prize Foundation
- Donor
- Other

Supplemental Materials (PDF Only) Please upload all materials in English and label each PDF using the following format: [Organization Name]-[Name of Attachment].

Proof of organization's 501(c)(3) classification (or legal equivalent in your home country, if outside the U.S.) \*

Organization's mission statement \*

Bios of key staff members at organization (including Executive Director, CFO or person responsible for accounting, and Project Manager if applicable) \*

List of organization's Board Members with bios and/or affiliations \*

Organization's Budget vs. Actuals for the last 2 years of operations \*

Organization's current Income & Expense statement \*

Project Budget and a projected year-end actualized budget (if applicable). Indicate all projected deficits and surpluses. REQUIRED FOR PROJECT SUPPORT APPLICATIONS.

NOTE: Once your organization's application is finalized and submitted, JFN will contact the donor to discuss the details of his/her gift. Should you need to submit additional donor information after your application is completed, contact Melissa Rosen at [melissa@jfund.org](mailto:melissa@jfund.org).