

Applicant is:
____ Organization
____ Individual



Grant Application Form

Name _____

Grade _____

Organization/School _____

Business Address _____

Telephone _____ Fax _____ Email _____

Home Address _____

Telephone _____ Email _____

Title of Project/Program

Description

When will program begin? _____

When will program end? _____

Where will this take place? _____

What is the Total Budget for this Project/Program?

(On a separate page, provide an itemized statement of expenses and income, your other sources of income and how much you expect to receive from each.)

Total amount of this Request? _____

If partial funding is provided, what impact would that have on your program/project and your plan to carry it out?

Signature of Applicant _____

Completed applications, budgets and references should be returned to:

Elaine M. Shepard, Director of Grants Administration
Jewish Endowment Foundation
1160 Dickinson Street
Springfield, MA 01108
(413) 732-9994

Sample Budget

Expenses

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Income

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Totals \$ _____ \$ _____

Be sure to include all expenses for the project. List all sources of income, savings, scholarships from other sources, other grants.