

## GRANT APPLICATION

Date \_\_\_\_\_

**Organization Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_ Website \_\_\_\_\_

Primary Contact for Proposal \_\_\_\_\_ Phone \_\_\_\_\_

**Project Title** \_\_\_\_\_

**Total Cost of Program** \_\_\_\_\_ **Amount requested from GMJSS** \_\_\_\_\_

**Summary:** Please provide a 2-3 sentence summary of the program for which you are requesting funds:

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**Please project the number of seniors who will be served during the year by this program:**

	Jewish	Non-Jewish
Total number of Seniors who will be impacted <small>(multiple touches to a Senior count as one)</small>		
Total Impact on Seniors <small>(# of participants per session X length of sessions in hours)</small>		

**Total number on Seniors served by this program in prior years, as applicable:**

(multiple touches to a Senior count as one) – Please attach explanation of material variances between Projected and Actual.

	Projected in Application		Actual		GMJSS Grant Amount(s)
	Jewish	Non-Jewish	Jewish	Non-Jewish	
2012/2013					
2013/2014					
2014/2015					
2015/2016					

**Total Impact on Seniors served by this program in prior years, as applicable:**

(# of participants per session X length of sessions in hours) – Please attach explanation of material variances between Projected and Actual.

	Projected in Application		Actual		Comments
	Jewish	Non-Jewish	Jewish	Non-Jewish	
2012/2013					
2013/2014					
2014/2015					
2015/2016					

Organization/Project Title: \_\_\_\_\_

**Signatures of agency/organization executive director and chief officer of the Board of Directors are required. These signatures indicate:**

- a. Your Board's approval of this grant request.
- b. Your organizations agreement to abide by the Grant Guidelines.
- c. Your organization's commitment to submit outcomes reports and to meet objectives.

<p>Name of Board Chairperson _____</p> <p>Signature _____</p> <p>Name of Chief Staff Person _____</p> <p>Signature _____</p>
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Organization/Project Title: \_\_\_\_\_

4. **Benefits of the Project – To the larger community**

Are there any additional ways in which this project will improve the lives of Jewish Seniors?

Check all that apply and please explain why you have identified this benefit.

- Preserving Jewish culture, beliefs, values and traditions
- Providing access or choice of services in a nurturing, caring way
- Encouraging interconnectedness among individuals and the faith community
- Strengthening leadership across the community
- Other \_\_\_\_\_

5. **What are the specific activities of the project?** Describe exactly what you will be doing on a daily/weekly/monthly basis.

6. **What is the overall work plan for the project?** Please attach a timetable and description of specific steps required to achieve the outcomes expected in this project.

7. **How do you plan to measure outcomes?** Please describe the metrics you will use to measure outcomes and provide milestones that you will be targeting to meet during the program year.

8. **How do you plan to recognize Golden Manor Jewish Senior Services?** Please describe how you will recognize the Grant from Golden Manor Jewish Senior Services you implement this program. Please attach examples from prior years, if applicable.

Organization/Project Title: \_\_\_\_\_

**Reporting:**

- Grant recipients will be required to submit Outcomes Reports, as requested, by the GMJSS Grant committee.

**Funding:**

- Funds will be disbursed on a monthly basis over the grant year.
- All funding is contingent upon stated objectives being met.
- Funding for continuing programs, as applicable, is contingent upon prior year objectives being met.

**REQUIRED ATTACHMENTS:**

- **A copy of your organization's IRS certification as a 501(c)(3) entity, if applicable.**
- **Proposed project budget (*See attached*).**
- **Timetable and Description of steps/milestones to be met to achieve expected outcomes.**
- **The parent organization's most recent annual budget and year-end financial report.**
- **A copy of your organization's current financial statements and latest audit.**
- **A list of your current board members and officers (Names, titles/position, email and USPS addresses, and phone numbers).**
- **A list of the program's key staff and volunteers (Names, titles/position, brief biographies, email and USPS addresses, and phone numbers).**

**As available, submit:**

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

**Submission Instructions:**

- Applications will be accepted electronically via email to [DLLaser@GoldenManor.net](mailto:DLLaser@GoldenManor.net)
- Or delivered to:  
Golden Manor Jewish Senior Services  
13409 NW Military Hwy., Ste. 210, San Antonio, TX 78231

Organization/Project Title: \_\_\_\_\_

**PROJECT BUDGET**

**Program Revenue**

<b>Golden Manor Jewish Senior Services</b>	<b>\$</b>
Donations	\$
Participant Fees	\$
Other Funding Sources (please list)	\$
	\$
	\$
	\$
<b>Total Revenue</b>	<b>\$</b>

**Program Expenses**

<b>Expense</b>	<b>Project Budget</b>	<b>From GMJSS</b>
Financial Assistance / Scholarships	\$	\$
Salaries	\$	\$
Training	\$	\$
Transportation (for Seniors)	\$	\$
Travel Costs (for Staff)	\$	\$
Supplies	\$	\$
Food and Meals	\$	\$
Occupancy Costs	\$	\$
Equipment Purchases / Equipment Rental	\$	\$
Printing & Promotion	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Program Expenses</b>	<b>\$</b>	<b>\$</b>