

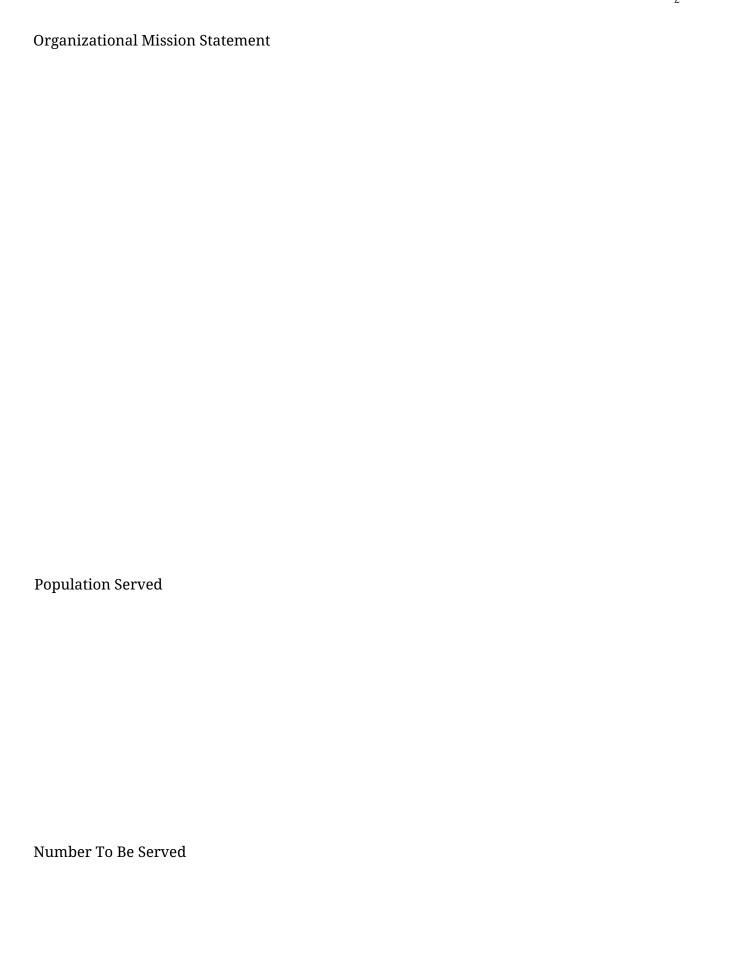
**EIN Number** 

Fiscal Sponsor Name (if applicable)

Fiscal Sponsor Address

## 2025 JEF GENERAL FUND GRANT APPLICATION

## Contact Information Full Legal Organization Name **Street Address** City State Zip Code Organization Website Organization President / Executive Director Phone Number **Email Address** Project Manager Title Phone Number **Email Address** Organization Information Is the organization a 501(C)(3)? Year Established Yes No



## Proposal Request

Program/Project Name		
Requested Amount	Total Project Budget	
Percentage of Total Budget		
If it is not a new project, what was the previous budget and source of funding?		
Statement of Primary Purpose (What is the progr	am's main objectives and how does it plan to accomplish them?)	

What is the need that you are hoping to address with your project?		
What managemble modelts do you arrest to achieve and have will they be managed?		
What measurable results do you expect to achieve and how will they be measured?		
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How does your program/project support the Louisiana Jewish Community?		
Is there collaboration with other groups? (Strategic partners, funders, etc.)		
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## Additional Documents Required:

- 1. IRS letter granting 501(C)(3) status to your organization
- 2. Most recent audited financial statement
- 3. Current list of Board members

Other

**Total Expenses** 

4. Program budget; alternatively, complete our budget form below

Expenses	Income
Salary and Wages	Amount Requested
Fringe Benefits	Other Grant Support
Consultant and Contract Services	Program Service Fees
Space Costs (rent, maintenance, utilities)	Fundraising/Donations
Equipment (leased, rented, purchased)	Other Sources of Revenue
Postage	
Telephone	
Travel	
Consumable Supplies	
Printing	
Insurance	