

**JWF 2025 Operating Grant Application**

[**CLICK HERE FOR INSTRUCTIONS**](https://grantmakingportal.smapply.io/protected/nr/cpmHw/OG_Application_Instructions_2025.pdf)

*\* Indicates information is required*

Name of Organization: **\***

Website: **\***

Mailing Address: **\***

Executive Director: **\***

Executive Director's Email: **\***

Contact Person (if different from Executive Director):

Contact Person's Job Title:

Contact Person's Email:

Phone Number: **\***

Amount of Grant Requested: **\***

Current Fiscal Year's Organizational Budget **\***

**A. ORGANIZATIONAL OVERVIEW**

1.  Please provide your organization's mission statement. **\*** (Maximum of 50 words).

2. What is the problem or opportunity that the organization addresses and how does it address them? **\*** (Maximum of 250 words).

3. Provide a description of the population served by your organization. Please include the following: **\*** (Maximum of 150 words)

* A general overview of the clients, participants, and/or recipients you assist, educate, represent, or benefit.
* The number of clients, participants, and/or recipients you serve and how you recruit them.

4. Please highlight one or two accomplishments of your organization over the past 1-2 years.  (Maximum of 100 words). *(optional)*

5. What percentage of your Board of Directors gives philanthropically to your organization? **\***

**B. SOCIAL CHANGE**

1. Which long-term outcome(s) of social change is your organization working toward? Please select all that apply. **\***

* Economic Empowerment: Women/girls are enabled to achieve economic success and have agency over financial decision-making.
* Education: Women/girls have access to knowledge and educational opportunities in order to cultivate learning and expand their possibilities in life.
* Health: Women/girls are free from disease and pain and able to live full, flourishing lives.
* Legal Rights: Women/girls have rights under the law that enable them to thrive.
* Personal Safety: Women/girls are free from violence and other harmful practices that undermine bodily autonomy and well-being.

2. Which shift(s) of social change does your organization seek to address? **Click here** for further explanation on these definitions. **\***

* Shifts in Behavior: People behave differently (and for the better) in the community or larger society, usually building a sense of personal empowerment. Includes shift in behavioral health.
* Shifts in Definition: An issue or idea is given a new meaning; the community or society sees the issue differently as a result of your work.
* Shifts in engagement: More people are engaged in an idea of action as a result of your work. The community organizes around this work.
* Shift in policies: Organization, local, regional, state, national or international policies or practices have changed.
* Current position maintained: Earlier progress on issues is maintained in the face of opposition.

**C. ORGANIZATIONAL GOALS**   
(Please consider your responses in Section B to answer these questions.)

1. What are the specific organizational goals you hope to achieve within the one-year grant term?**\*** (Maximum of 250 words)

2. How are the organizational goals aligned with a long-term path towards social change?**\*** (Maximum of 250 words)

3. How do you measure your organization’s success against your short-term and long-term goals? Include qualitative and/or quantitative methods you use to track and evaluate this information. **\*** (Maximum of 250 words)   
*Note: examples of evaluation materials may be uploaded in Section F.*

**D. ORGANIZATIONAL CAPACITY**

1. What resources does your program have (or need to acquire) in order to provide your services to the population you serve (include a description of key staff and their roles, physical space, other infrastructure and personnel such as consultants and volunteers)? **\*** (Maximum of 200 words).

2. Beyond financial limitations, what one or two obstacles will your organization need to overcome to accomplish your organizational goals in the next 1-2 years? **\*** (Maximum of 150 words).

3.  List organizations that you partner with (if any): *(optional)*

**E. FINANCIAL HEALTH & SUSTAINABILITY**

*Note:  JWF is interested in supporting small, grass-roots organizations and will not decline an application on the basis of an operational deficit or financial challenges.*

1. Regarding the 12-month organizational budget (requested in Section F), please highlight any unusual items and include any assumptions made. **\*** (Maximum of 150)

2. Are you on track to meet your budget for the current fiscal year?  If not, what are your challenges? **\*** (Maximum of 150 words).

* Yes
* No (Please explain):

3. In the past five years, has the organization ended in two or more fiscal years at a deficit? If so, please explain. **\*** (Maximum of 150 words).

* Yes (Please explain):
* No

4. Who has financially supported your organization’s work in the last three years? Include a list of funders. **\*** (Maximum of 150 words).

**F. ATTACHMENTS**

Please attach the following documents:

1. A copy of your IRS letter of determination, proof that you have a fiscal agent, or proof that you are a synagogue or other religious organization that is currently operating a house of worship in Pennsylvania. **\***

2. Most recent CPA prepared financials. *Note: if your fiscal year ends 6/30, then provide internally-prepared financials for the most recent fiscal year with comparatives.* **\***

3. Current fiscal year 12-month budget **\***

4. Balance sheet **\***

5. Provide a list of Board members & Senior Leadership **\***

6. Sample evaluation tool(s), if applicable *(optional)*

7. Additional documentation; for example: sample curriculum(s), testimonials; programming and/or volunteer recruitment materials etc. *(optional)*

**G. APPLICANT FEEDBACK QUESTIONS**

*JWF is always trying to improve its grantmaking processes. If you feel comfortable answering the following questions, we would be grateful to have your feedback to inform any future improvements that we may consider. Your answers will have no impact on funding decisions.*

1. Please share any thoughts you have on how we could improve this application. *(optional)*
2. How long did it take you to complete this application? Your best estimate is fine. *(optional)*