

**JWF 2025 Programmatic Grant Application**

[**CLICK HERE FOR INSTRUCTIONS**](https://grantmakingportal.smapply.io/protected/nr/vVk4n/PG_Application_Instructions_2025_qaLRQbI.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: ***\****

* Programmatic Grant (up to $10,000)- Open to General & Jewish Community Organizations
* Impact Grant (>$10,000 and up to $25,000)- Jewish Community Organizations ONLY

Program Name: ***\****

Proposed Program Budget: ***\****

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

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## **A. ORGANIZATIONAL OVERVIEW**

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

## 2. Please highlight one or two accomplishments of your organization over the past 1-2 years. (Maximum of 150 words). *(Optional)*

## 3. List organizations that you partner with (if any). *(Optional)*

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

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## **B. PROGRAM DETAILS: DESCRIPTION, GOALS/OBJECTIVES, IMPLEMENTATION AND EVALUATION**

## 1. New or Existing Program: ***\****

* New Program
* Existing Program

## 2. About the Program***\**** (Maximum of 350 words)

* Problem or opportunity that the program will address
* Description of the program
* Population served. Include general overview of your clients, participants, and/or recipients, number you plan to serve, and how you will recruit them

## 3. Goals/Objectives: List the program’s goals/objectives ***\****(Maximum of 250 words)

4. Describe how the program goals align with a long-term path towards social change? ***\*****Note: Consider Section C when answering this question.* (Maximum of 250 words)

## 5. Implementation Plan (Maximum of 200 words)

If the program is new or an expansion of an existing program, what is your implementation plan including the timeline for launching this program or expansion?

## 6. Evaluation ***\**** (Maximum of 200 words) *Note: Examples of evaluation materials may be uploaded in Section F*

* Describe how you will measure the program's success against its goals/objectives
* Include qualitative and quantitative methods you plan to use to track and evaluate program outcomes.

## 7. Is this program designed to be scalable or replicable? If yes, please provide a brief explanation***\**** (Maximum of 100 words)

* Yes (please explain):
* No

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## **C. SOCIAL CHANGE**

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## 1. Which long-term outcome(s) of social change is your program 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 (including in the other four dimensions).
* 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 will this program impact? [Click here](https://grantmakingportal.smapply.io/protected/nr/3d9Mv/Shifts_in_Social_Change.png) for further explanation on these definitions. ***\****

* Shifts in Behavior: People are behaving 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 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.

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## **D. ORGANIZATIONAL CAPACITY TO EXECUTE THE PROGRAM**

## 1. How will you resource this program to ensure success (include a description of key program staff and their roles, physical space available, if needed, 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 the goals of this program? ***\**** (Maximum of 150 words).

## 3. Please describe any key partnerships and collaborations in connection with the program, if applicable. (Maximum of 150 words) *(optional)*

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## **E. ORGANIZATION'S FINANCES**

*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.*

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## PROGRAM-SPECIFIC FINANCES

## 1. Regarding the 12-month program budget (requested in Section F), please highlight any unusual items and include any assumptions (or changes from the prior year, if this is an existing program).***\**** (Maximum of 150 words).

## 2. Will the program be implemented without funding from the Jewish Women’s Foundation? Provide a brief narrative on your answer. ***\**** (Maximum of 100 words).

## 3. What are long-term strategies for funding this program at the end of the grant period?***\**** (Maximum of 150 words).

## ORGANIZATIONAL FINANCES

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

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

* Yes (please explain):
* No

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

* Yes
* No (please explain):

## 7. Who has financially supported your organization’s work in the last three years? Include a list of funders (other than those listed as sources of funding for the requested program). ***\**** (Maximum of 150 words)

## **F. ATTACHMENTS**

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## 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 the Commonwealth of Pennsylvania.***\****

## 2. Using the template found at this [link](https://grantmakingportal.smapply.io/protected/nr/ZqnP6/Program_Budget_Template_2025.xlsx), include the program’s 12-month budget.***\****

*NOTE: Applicant must use the template provided, which includes a breakdown of in-kind contributions and a list of funders, indicating whether they are committed or pending. Please be specific when listing anything in the “other” field.*

## 3. 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.* ***\****

## 4. Current fiscal year 12-month organizational budget ***\****

## 5. Balance Sheet ***\****

## 6. Provide a list of Board members & senior leadership ***\****

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

## 9. Additional documentation; for example: sample curriculum(s), testimonials; programming and/or volunteer recruitment materials etc. You may include up to 5 attachments here. *(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)*