



INNOVATION GRANT APPLICATION FOR PROGRAMS TAKING PLACE JULY 1, 2020 - JUNE 30, 2021
APPLICATIONS ARE DUE TO JODI PHARES BY APRIL 1, 2020 AWARDS WILL BE ANNOUNCED IN MAY.

I. ORGANIZATION INFORMATION

a. **Name of Partner Agency #1:** [Redacted]

Address: [Redacted]

Phone: [Redacted]

Name of Contact Person: [Redacted]

Email: [Redacted]

b. **Name of Partner Agency #2:** [Redacted]

Address: [Redacted]

Phone: [Redacted]

Name of Contact Person: [Redacted]

Email: [Redacted]

II. PROJECT DESCRIPTION

a. **Title of project or program:** [Redacted]

Amount of request: [Redacted]

Project budget: [Redacted]

Project start date: [Redacted]

Project end date: [Redacted]

b. Please describe the project and indicate whether this is a new, existing, or an expansion of an existing project or program.

[Redacted description area]



II. PROJECT DESCRIPTION (CONTINUED)

c. How many will this program reach/serve?

d. What will define “program success?”

e. What evaluation methods and criteria will be used to evaluate if the program was successful?

f. Explain why this funding is significant or necessary for this project:

g. For projects that are not intended as one-time endeavors, please identify plans for future sources of funding once initial grant funding has concluded.

III. CORE PRIORITY AREAS

a. Which Innovation Grant priority area does this program/event address (choose all priority areas that are applicable):

- Outreach programming to engage the Greater Dayton Jewish community
- A program/event designed to bring the entire Jewish community together
- Programs/projects that are collaborative efforts between multiple organizations and/or individuals

b. Explain how the program/event meets this priority or priorities:

IV. BUDGET

Complete the budget worksheet included with the application materials.



V. SIGNATURES

All applications submitted must have the signature of the organization's director or president if applicable. If the application is collaborative, it must include the signature of the partner organization's director or president if applicable.

I (WE) CERTIFY THAT THE ABOVE APPLICATION IS TRUE TO THE BEST OF MY (OUR) KNOWLEDGE:

Agency #1 Director or President Signature

Date

Printed Name

Title

Phone

Agency #2 Director or President Signature

Date

Printed Name

Title

Phone

COMPLETED APPLICATIONS SHOULD BE EMAILED TO JODI PHARES AT JPHARES@JFGD.NET BY **APRIL 1, 2020. IF SCANNING CAPABILITIES DO NOT EXIST, THE SIGNATURE PAGE CAN BE PRINTED, SIGNED AND MAILED SEPARATELY TO BE INCLUDED WITH YOUR EMAILED APPLICATION.**