



"ENHANCING LIFE FOR JEWISH SENIORS"

Welcome 2017 Grant Applicant,

The mission of BJH Foundation is to enhance the lives of older Jewish adults residing in North and South Carolina in accordance with Jewish values and beliefs.

BJH Foundation aims to help support programs and services that advance the Foundation's values. These include:

- Long term community impact.
- Collaboration with other local organizations.
- Participants contributing to the services they receive, either as a volunteer or financially.
- Applicant organizations showing their commitment to the program through their own financial involvement.
- Specific qualitative and quantitative outcomes such as numbers served and measurable impact on their lives.
- Uniqueness (non-duplicative of other area programs or services)
- Competent grant management and program oversight.

There are **2 priority categories** BJH seeks to help support. They are:

- **Health and Wellness** Programs that target people who may have multiple, complex, specific mental and/or physical health needs. Some examples include:
 - a) Case Management with a licensed professional or case worker
 - b) Congregational Nurse
 - c) Dementia or memory impairment
 - d) Group Day Care and Respite programs
 - e) Other innovative approaches
- The long term impact of the program must be described.
- Grants for this category may be funded up to \$50,000 per year with a possible duration of 3 years. Yearly approval will be required.
- For multiple year funded projects, grant amounts could decrease in year 2 and 3 with hopes the program will be self-funding.
- **Socialization Programs** reaching out to older Jewish adults whose basic needs may not be met and/or are geographically isolated. Some examples include:
 - a) Community building, education and furtherance of Jewish values
 - b) Food Distribution
 - c) Transportation
 - d) New and Innovative

Directions and important items to remember:

- A qualifying organization can submit **UP TO 5 grant applications**. **Multiple proposals should be ranked in order of funding priorities** with #1 highest and #5 lowest in priority.
- Application Deadline is **February 28, 2017**. All applications must be **delivered in person or postmarked by 5:00 pm, February 28, 2017**.
- Application boxes will expand to accommodate your narrative when completed in “Word”. Download the application from the website www.bjhfoundation.org.
- Provide **all** organizational information requested, i.e. Employer Identification Number (EIN), Email Address, Signatures, etc.
- Include all Required Attachments listed on page 9.
- BJH Foundation does NOT fund core agency salaries or general overhead managed by existing budgeted staff. Consideration may be given for additional salary funding requirements not included in pre-grant budget.
- Sign and return the Grantee Acknowledgement Guidelines. This must be included with the application.
- Grant recipients will be announced after May 15, 2017.
- All Grant recipients are responsible to provide mid-year and year-end feedback on their program. (Forms will be distributed semi-annually). Failure to complete the form may impact eligibility of future grants.
- BJH Foundation provides project start up and enhancement funding, not permanently recurring expenses.

We are excited to learn more about your organization and the wonderful programs you offer older Jewish adults within North and South Carolina. We look forward to reviewing your Grant Application.

Please do not hesitate to contact us if you have questions.

Sincerely,
Wendee M. Cutler
Executive Director
336-854-8400
wcutler@bjhfoundation.org



"ENHANCING LIFE FOR JEWISH SENIORS"

Organizational Information
Deadline: February 28, 2017

Organization: _____ EIN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Organization Contact Name: _____ Title: _____

Contact E-Mail: _____ Phone: _____

Project Title _____

Program Contact Person: _____ Phone: _____

Program Contact E-Mail: _____

Eligibility: (Check all that apply)

____ Tax exempt charitable organization – IRS 501(c)(3)

____ Affiliated with tax-exempt organization – ____ Government, ____ School, ____ Synagogue

____ North Carolina, ____ South Carolina

Financial Information for the Organization

Fiscal Year: _____ to _____ Yearly Operating Budget _____

Please attach the most recent copy of the annual audit or a copy of the most recent 990 tax return. (If neither are available include a copy of the current annual budget)

Signatures below signify:

- a. Board officer (President or Chairperson), approval of request
- b. The organization's commitment to complete appropriate forms/reports if a grant is awarded.

Name of Board Officer: (print): _____

Signature _____

Name of Chief Staff Person (print): _____

Signature: _____



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GRANTEE ACKNOWLEDGEMENT GUIDELINES

BJH Foundation requires that:

- Grantee will provide BJH Foundation with information collected that is related to the approved program including, but not limited to participant demographics, participation rates, volunteer hours, expenses, financial support from other sources, etc.
- Grantee will acknowledge BJH Foundation in all appropriate programs, publications and other public announcements of grants.
- When the Grantee produces related printed materials, such as promotional materials, BJH Foundation must be given specific acknowledgement commensurate with BJH Foundation’s level of funding relative to other funding sources.
- In other announcements BJH Foundation should be named in the first paragraph. BJH Foundation should be given an opportunity to provide a quote from a BJH Foundation representative, although BJH Foundation may decline the option.

The following description of BJH Foundation should be included in marketing materials and announcements:

“This program is funded (in part) with a grant from BJH Foundation whose aim is to enhance the lives of older Jewish adults in North and South Carolina.”

If additional space is available include:

“BJH Foundation is a non-profit foundation committed to enhancing the lives of older Jewish adults residing in North and South Carolina through programs, activities and organizations that share their mission in accordance with Jewish values, practices and beliefs.”

BJH Foundation will be notified of any pending news coverage (e.g., newspaper articles, television or radio news stories) related to this grant or the resulting program.

BJH Foundation reserves the right to announce this grant publicly in a manner and time of its choosing.

I acknowledge receipt of this document and agree to comply with the stated guidelines.

Signature _____

Printed Name _____ **Title** _____

Agency _____ **Date** _____

PLEASE RETURN THIS SIGNED DOCUMENT WITH THE GRANT APPLICATION



"ENHANCING LIFE FOR JEWISH SENIORS"

Grant Application
Deadline February 28, 2017

SECTION I. - Summary of the program:

Project Title: _____

Organization: _____

Total Cost of Project: _____ Amount Requested from BJH Foundation: _____

Application # ____ of # ____ applications submitted. Please rank this application by your funding preference. This application is ranked # _____. (#1- first choice for funding, #2, etc., #5 - last choice for funding.)

Length of grant period if multiyear: ____ 2 years, ____ 3 years. (multiple year approval may be possible.)

- 1. Summary: Please provide a brief summary of the project or activity for which you are requesting funds, include your goals.
2. Is this a new or substantially modified existing project? ____ Yes ____ No
3. If no, was THIS (or a similar) project funded by BJH Foundation last year? ____ Yes ____ No At what amount? \$ _____.
4. If this or a similar program was funded last year and you are requesting an increase in funding, please explain.
5. If this is an existing program, were there other non-BJH sources of funds in the past? If so, what were they and how much did they contribute? ____ Yes Amount \$ ____ No other sources ____
What organization? _____
6. Will you or how will you proceed with this program if BJH Foundation is unable to fund your request?

- 7. Do you believe that fundraising within your community is possible for this program?**
- 8. List the steps you will take to plan and implement this program including the timetable.**
- 9. How has the need for this program or service been determined?**
 - a. Do any similar programs exist in another organization in your geographic area?**
 - b. If yes, what makes your program unique?**
 - c. If yes, have you explored collaboration?**
- 10. Which one of these 2 areas does your program fit?**
 - _____ Health and Wellness Programs that target people who may have multiple, complex, specific mental and/or physical health needs. Some examples include:
 - a. Case Management with a licensed professional or case worker
 - b. Congregational Nurse
 - c. Dementia or memory impairment
 - d. Group Day Care and Respite programs
 - e. Other innovative approaches
 - _____ Socialization Programs reaching out to older Jewish adults whose basic needs may not be met and/or are geographically isolated. Some examples include:
 - a. Community building, education and furtherance of Jewish values
 - b. Food Distribution
 - c. Transportation
 - d. New and Innovative
- 11. Describe the program's anticipated outcomes for your targeted population.**
- 12. How will this program enhance your overall organizational strategy?**
- 13. What are the relevant qualifications of your organization and staff?**
- 14. Identify key staff and volunteers responsible for this project and any recognition, certification, accreditation or other credentials your organization or key staff has received. (Attach a list)**

Section II – Demographics and Costs

If unable to answer the questions as described below, please explain in detail quantifiable information about your program.

1. Program Totals: (If this is a new program, provide an estimate.)

_____ Potential number of older Jewish adults eligible for service.

_____ Targeted number of unduplicated older Jewish adults to be served.
(If the same 10 people attend every event there would only be 10 unduplicated seniors served.)

_____ # Non-Jewish older adults you aim to serve*
*Please provide rationale.

2. Per Event:

How often will the program meet? _____

Served Per Event _____ # Events per year _____

3. Please characterize the older Jewish adults eligible for service.

% low income _____, % in assisted/skilled living _____, % unaffiliated _____,

% 60 – 75 years old _____, % 75 – 90 years old _____, % 90+ years old _____,

% of people isolated by distance _____, % disabled (physically/mentally) _____

4. Please describe quantitative factors.

Total Program Costs:

Cost per person \$ _____
(Total Program costs / total number of unduplicated older Jewish adults served)

Total attendee contributions \$ _____
(All revenue collected from unduplicated older Jewish adults and their sources)

Meal Costs (if relevant):

Cost per person/per event \$ _____ Attendee contribution per event \$ _____

Transportation Costs (if relevant):

Transportation cost per ride \$ _____ Attendee contribution per ride \$ _____

Other (supplies, speakers)

Cost per person/per event \$ _____ Attendee contribution per event \$ _____

Volunteer Contributions:

Hours _____ Other services _____

SECTION III. – Cost related to the program:

Project Budget

Income for Project (DO NOT include in-kind contributions as income)			
BJH Foundation		\$	
Other Funding Sources (Please List)			
		\$	
		\$	
Total Income		\$	
Expenses for Project			
Expense	Project Budget	From BJH	% of Total Project Expenses
Salary – Total Amount*			
# of paid staff = enter here:	Leave Blank	Leave Blank	Leave Blank
Transportation			
Food			
Speakers			
Marketing (postage, printing, etc.)			
Space Rental			
Office Supply			
Other (please list)			
Total BJH Funds Expenses			

*BJH Foundation does NOT fund core agency salaries or general overhead managed by existing budgeted staff. Consideration may be given for additional salary funding requirements not included in pre-grant budget.

REQUIRED ATTACHMENTS:

- A copy of your organization's IRS certification as a 501(c)(3) entity, if applicable
- Proposed project budget (*See page 8 of this application form*)
- Parent organization information: most recent copy of the annual audit or a copy of the most recent 990 tax return. (If neither are available include a copy of the current annual budget)
- A signed copy of the enclosed "Grantee Acknowledgement Guidelines"
- A list of current board members
- A list of key staff and volunteers responsible for this project with titles/position/credentials

If available, please include:

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

Submission Instructions:

- Please do not use a notebook, binders, report covers or tabbed dividers.
- Submit one printed copy of the application and attachments
- The application must be delivered in person or postmarked by 5:00 p.m. on or before **February 28, 2017**
- Mail to: BJH Foundation, Post Office Box 10383, Greensboro, North Carolina 27404