 

Before completing, please review the Jewish Community Foundation (JCF) Nova Grant guidelines. Please submit the completed form by **March 22, 2021**. Applications received after the deadline will **not** be considered for funding.

Date (mm/dd/yy)

# IDENTIFYING INFORMATION

Name of Organization

Address City Province Postal Code Country

Contact Person Full Name Position Email Phone Number

[shirley.dayan@jcfmontreal.org](mailto:shirley.dayan@jcfmontreal.org)

Your Charitable Registration Number:

If you do **not** have one, explain how you will operate:

Organization’s mission and vision statement:

# BACKGROUND OF THE ORGANIZATION

History:

Staff / Team:

Capacity (Financial):

Governance:

How did you hear about JCF’s Montreal Nova Grants?

Have you previously received a grant from the JCF, Federation CJA or Shaping our Future?

If yes, when, for which program(s) and for how much?

# PROGRAM DETAILS

Program Title:

Description of program: (Include area or group to be served)

Purpose and objectives: How will the grant funds be used? How does the program meet the Nova Grants guidelines and criteria?

How will this program create positive change or affect the future of the community?

Rationale for program (Please provide supporting information, research, statistics and data which led to program)

Has this program been implemented elsewhere? If yes, where and when?

# PROGRAM IMPLEMENTATION

Please describe methods to be used; program outputs, staff qualifications, volunteer involvement, key collaborators, if any.

# PROGRAM EVALUATION

How will you monitor and evaluate the program?

What are the desired outcomes?

# NOVA FUNDING REQUESTS

Program Budget: List all expenditures and sources of income. (You will be required to upload this budget format in the last section of this application)

Total Amount Requested $

What other sources have been approached for funding and with what results?

What will you do if you do not receive full funding?

How will this program be sustained beyond the grant?

# ONLY FOR FEDERATION CJA AND AFFILIATED AGENCIES

Has the program been discussed with Planning and Allocations?

Yes No

If yes, what was their view of the program?

Has the program been approved by the Affiliated Agency or Federation CJA Board of Directors?

# SUPPORTING DOCUMENTS (no videos) - If Applicable

Please upload your supporting documents in Excel or Word

# DECLARATION

I hereby declare that the information that I have provided in this application form is accurate and true to the best of my knowledge.

# Signature

|  |  |
| --- | --- |
| **2021 NOVA BUDGET REQUEST** | - |
| **NAME OF PROGRAM** |  |
|  |  |
|  | **AMOUNT $** |
| **SALARIES** |  |
| Professional staff |  |
| Administrative staff |  |
| **TOTAL STAFF COSTS** | **-** |
| **OTHER PROGRAM COSTS (PLEASE ITEMIZE)** |  |
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| **TOTAL OTHER COSTS** | **-** |
| **TOTAL PROGRAM COST** | **-** |
| **REVENUE (please specify: fees, donations, other grants, other)** |  |
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| **TOTAL REVENUE** | **-** |
| **NET SURPLUS/ DEFICIT** | - |

|  |  |
| --- | --- |
| **TOTAL REQUESTED AMOUNT $** |  |