# JEWISH COMMUNITY FOUNDATION OF CALGARY

# COMMUNITY 2025 Grant Application

For Office Use Only 2025-

All applications must be submitted by Friday, April 11, 2025.

Successful applicants will be notified in June 2025. Please note, Fillable .pdf's work best when completed from your desktop rather than an internet browser. Save this form to your desktop using the file name format **AgencyName.pdf** below prior to completion.

Complete all sections below. When filling it out, use the "Tab" key to move to next box or click any box to select it. Forward your complete application including all documents to:

Grants & Allocation Committee

Jewish Community Foundation of Calgary

1607 - 90 Avenue SW Calgary, AB T2V 4V7 email: mail@jcfc.ca

#### For all inquires please contact:

Brenda Sapoznikow, Foundation Manager mail@jcfc.ca | 403-640-2273

# Section A: General Information

| Organization:                   |                    |                 |              |
|---------------------------------|--------------------|-----------------|--------------|
| CRA (Charitable Number):        |                    | AGLC ID Number: |              |
| Current Address:                |                    |                 |              |
| City:                           | Postal Code:       | Province:       | Country:     |
| Phone:                          | Organization Type: | Years E         | Established: |
| Email:                          |                    |                 |              |
| Have you applied for a JCFC gra | nt before? O Yes   | No              |              |
| If YES:                         |                    |                 |              |
| Project Name:                   |                    |                 |              |
| Year:                           |                    |                 |              |
| Amount Awarded: \$              |                    |                 |              |

## Section B: Organization Contact Person

| Name:    |   | Position:    |
|----------|---|--------------|
|          |   |              |
| Address: | ••••••••••••••••••••••••••••••••••••••• |              |
| City:    | Province:                               | Postal Code: |
|          |   |              |
| Phone:   | Email:                                  |              |

Attach an official Organizational Mandate.

Describe Organizations Mandate:



| Section C: Project                          |                   |
|---|-------------------|
| Project Title:                              |                   |
| Planned Start Date:                         | Planned End Date: |
| Number of individuals who will benefit from | this project:     |
|   |                   |
| Project Summary                             |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| Project Activities                          |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
| Project Benefits                            | i                 |
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |



### Section D: Proposed Financial Budget

- » A general outline of costs to complete the project or program.
- » Enter amounts into the blue boxes.

| NCOME                       |          | EXPENSES                       |
|-----------------------------|----------|--------------------------------|
| FERNAL FUNDING              |          | PROJECT COSTS*                 |
| ompany Contribution:        | \$       |                                |
| ner:                        | \$       |                                |
| OTAL INTERNAL INCOME        | \$       | TOTAL EXPENSES                 |
|                             |          |                                |
| XTERNAL FUNDING             |          | PENDING GRANT<br>APPLICATIONS  |
| Government Grants:          | \$       |                                |
| oundation Grants            | \$       |                                |
| onor Contributions:         | \$       |                                |
| ents in support of project: | \$       | TOTAL POTENTIAL GRAN           |
| DTAL EXTERNAL INCOME        | \$       |                                |
|                             | <u> </u> | SHORTFALL<br>(Surplus is shown |
| OTAL INCOME                 | \$       | as negative number)            |

\* PROVIDE DETAIL BUDGET FOR PROJECT COSTS.

### Section E: Supporting Information

Please supply the following supporting documents with application.

- List of Board Members
- Annual Report
- Letters of Support or References



#### Section F: Certification

I verify that all the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide additional information.

Authorized Signature: Organization Name and Position: Date:

Notice: All applications become the property of the Jewish Community Foundation of Calgary. *Applications must be submitted by Friday, April 11, 2025 , otherwise they are ineligible to be considered.* 

The JCFC reserves the right to not award a prize if, in the opinion of the judges, none should be awarded. Inquiries may be directed to JCFC via email to mail@jcfc.ca or by telephone to 403-640-2273.

Please note: Include all documents requested throughout the application prior to emailing <u>mail@jcfc.ca</u>, Attention: Brenda Sapoznikow, Foundation Manager.

