



Jewish Food Experience

jewishfoodexperience.com

This Form is for organizations and congregations interested in grants ranging from **\$150 - \$750** currently in the planning stages of food events, for additional financial support. All planning, implementation and follow-up is managed by the hosting organization. ***Please contact Paul Entis, the Jewish Food Experience’s Director, at 301-230-7261 or paul.entis@shalomdc.org prior to completing this form.** Paul can clarify how the grant process works and answer any questions you may have.

DEADLINES FOR PROGRAMS TO BE HELD DURING THE PERIODS BELOW OR LATER:

Tuesday, August 15, 2017	September 14 - December 7, 2017 (or later)
Thursday, October 19, 2017	December 8, 2017 - February 21, 2018 (or later)
Thursday, December 14, 2018	February 22 - March 21, 2018 (or later)
Thursday, February 8, 2018	March 22 - May 24, 2018 (or later)
Thursday, April 12, 2018	May 25 - June 30, 2018

The Jewish Food Experience works to bring people together to learn about and enjoy food experiences while building connections to Jewish identity and community. JFE is designed to engage people of all ages and all levels of Jewish knowledge and experience around food while targeting Young Professionals, Baby-Boomers, Families with Young Children, and Interfaith Couples/Families. JFE is an initiative funded by the Jewish Federation of Greater Washington and the United Jewish Endowment Fund.

I. GENERAL INFORMATION

Name of Requesting Organization	
Contact Name	
Contact Title or Role	
Address	
City/State/Zipcode	
E-mail	
Phone	
Name of Executive Director	
Executive Director’s Phone	
Has the Executive Director personally reviewed and signed-off on this grant application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, the committee will not review the application)</i>
Is your organization a 501(c)3 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times has your agency previously applied for a JFE grant during 7/2017–6/2018?	Name of Program(s):

II. GRANT REQUEST SUMMARY

Name of Program or Event	
Date and time	
Name of location with complete address	

III. PROGRAM DESCRIPTION

Briefly answer the following questions. Bullet points are acceptable.

1. What is/are the goal(s) of this program? *(Attach separate sheet if necessary)*

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2. What is the total number of individuals (not including staff) that you predict will attend the event?		
3. Grantees must have a reasonable expectation of a minimum of 30 in attendance. Please note how you plan to reach each of our target audiences and the number of people from that group you expect to attend the event.		
AUDIENCE	PLAN TO REACH AND INVOLVE	EXPECTED ATTENDANCE
Unaffiliated young adults		
Interfaith couples/families		
Baby-boomers		
Families with young children		
Others / General		
	TOTAL EXPECTED TURNOUT (should match number identified in question 2)	
4. What geographic area(s) will the program reach?		<input type="checkbox"/> Montgomery Co. <input type="checkbox"/> Prince George's Co. <input type="checkbox"/> DC <input type="checkbox"/> Northern VA
5. How will this program be promoted? Please list specific channels that will be used (i.e. Facebook invitation, Evite, Twitter, announcements in print newsletters, e-newsletters or blogs, PSAs on WAMU, etc)		
6. How does this promote Jewish identity, learning and engagement in Jewish life? What is the link to the Jewish Food Experience?		
7. Please identify all partners and roles of each related to this program.		
AGENCY/SYNAGOGUE/ORGANIZATION/SCHOOL		
Contact Name		
E-mail		
Phone		
Role		
AGENCY/SYNAGOGUE/ORGANIZATION/SCHOOL		
Contact Name		
E-mail		
Phone		
Role		
8. Describe any opportunities that exist to further engage program attendees in your organization or other aspects of the Jewish community.		
9. Please confirm that your organization will do all of the following to make JFE visible in advance of and at your event? <i>(If you do not foresee one of the items on the list below being possible, please explain why that is the case.)</i>		
<input type="checkbox"/> JFE logo on organization/program website with link to jewishfoodexperience.com	<input type="checkbox"/> Speaking opportunity during program for JFE representative	
<input type="checkbox"/> JFE logo on printed materials including: <input type="checkbox"/> JFE mentioned in publicity materials <input type="checkbox"/> JFE logo or other mention in advertising	<input type="checkbox"/> JFE signage at program	
<input type="checkbox"/> Distribution of JFE materials at program	<input type="checkbox"/> Collect names and emails from attendees and forward to JFE within 5 days of program	

IV. PROGRAM BUDGET

Please be specific as possible and explain usage of specific amounts and be advised that JFE requires that grantees match JFW grant with a minimum of 50% of in-house funds (up to 50% of this can be from ticket sales or other grants).

EXPENSES

1. Printed Materials	\$	
2. Space Rental	\$	
3. Equipment Rental	\$	
4. Paid Advertising	\$	
5. Guest Speaker Fee(s)	\$	
6. Food	\$	
7. Misc. (please explain)	\$	
8. Subtotal: Projected Expenses	\$	<i>Expenses must match Income (line 15)</i>

INCOME

9. Fees/Ticket Sales	\$	
10. Other Grants	\$	
11. Fundraising - Sponsorships/Donations	\$	
12. Misc. (please explain)	\$	
13. Your Agency's Contribution	\$	<i>Should be at least 50% of line 14</i>
14. Amount requested from JFE	\$	
15. Subtotal: Projected Income	\$	<i>Income must match Expenses (line 8)</i>

After grant application is received, additional information may be requested by the Jewish Food Experience.

V. REPORTING REQUIREMENTS

JFE requires the following information to be submitted five (5) days after the event is held:

- 1) A spreadsheet identifying the names and email of all guests at the event so that JFE can quickly follow-up and connect with those in attendance.
- 2) A one paragraph summary that reflects the ways in which the event was successful.
- 3) A one paragraph summary that indicates lessons learned since executing the event and anything you might do differently in the future.

Grant award will be made after the above information is submitted to Jessica.Dishell@shalomdc.org

Please sign and date below this Partnership Grant Application indicating that you agree to the Reporting Requirements identified herein and that your agency's Executive Director has reviewed and signed off on your application.

Name/Title

Date

Signature