|  |  |  |
| --- | --- | --- |
|  | Page 1 of  |  |
|  Requesting Organization |
| Organization’s Name: |  |
| Project Name: |  |
| Is this project:  | 🞎 | NEW | 🞎 | EXISTING | Is it related to a project previously funded by the JWF? | 🞎 | YES | 🞎 | NO |
| Type of Grant Request:  | 🞎 | First Time for this Project | 🞎 | Renewal | 🞎 | Challenge |  |  |
| Contact Person / Title: |  | Backup Contact/Title: |  |
| Phone: |  | Email: |  | Phone: |  | Email: |  |
| Organization’s Address: |  |
| Collaborating Partners (if any): |  | Organization’s Founding Year: |  |
| Percent of women on Organization’s Board of Directors: |  | % |
| *(on a separate page, attach a list of requesting organization’s board members)* |
| Percent of women on Organization’s staff: |  | % | On the project staff: |  | % |
| Total project budget:  | $ |  | Total requested from JWF: | $ |  |  |
|  |  |
| Total Organization’s Annual Budget:  | $ |  |  |
| REQUIRED SIGNATURES: *(collaborating Partners – see next page)* |
| Chief Professional Employee/Executive Director: |  |
|  | print or type name and title |
| Original Signature: |  | Date: |  |
| Chief Lay Leader/Board President: |  |
|  | print or type name and title |
| Original Signature: |  | Date: |  |
| REQUIRED: One paragraph description of the project in this space: |

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| Project Name: |  | Page 2 of  |  |

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| COLLABORATING PARTNER ORGANIZATION 1 |
| Organization’s Name: |  |
| Organization’s Address: |  |
| Organization’s Founding Year: |  |  |  |
| Percent of women on Organization’s Board of Directors: |  | % |
| Percent of women on Organization’s staff: |  | % | On the project staff: |  | % |
| Total Organization’s Annual Budget:  | $ |  |  |
| REQUIRED SIGNATURES:  |
| Chief Professional Employee/Executive Director: |  |
|  | print or type name and title |
| Original Signature: |  | Date: |  |
| Chief Lay Leader/Board President: |  |
|  | print or type name and title |
| Original Signature: |  | Date: |  |

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| COLLABORATING PARTNER ORGANIZATION 2 |
| Organization’s Name: |  |
| Organization’s Address: |  |
| Organization’s Founding Year: |  |  |  |
| Percent of women on Organization’s Board of Directors: |  | % |
| Percent of women on Organization’s staff: |  | % | On the project staff: |  | % |
| Total Organization’s Annual Budget:  | $ |  |  |
| REQUIRED SIGNATURES:  |
| Chief Professional Employee/Executive Director: |  |
|  | print or type name and title |
| Original Signature: |  | Date: |  |
| Chief Lay Leader/Board President: |  |
|  | print or type name and title |
| Original Signature: |  | Date: |  |

*If there are additional Collaborating Partner Organizations, please continue on another page.*