

## Synagogue Innovation Grant Application

Date \_\_\_\_\_

Applicant (Synagogue or individual name) \_\_\_\_\_

### Primary Contact Person

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

### Other Members of the Applicant Team (Individuals and/or Collaborating Organizations)

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

### Proposal Request

Program Title \_\_\_\_\_

Is more than one organization involved?    Yes \_\_\_\_    No \_\_\_\_

**If yes, please outline each organization's role:**

\_\_\_\_\_

What is the Need this program is addressing?

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\_\_\_\_\_

Summary of Program or Experience for which funds are requested: with Anticipated Time Line (Please include goals for each phase of the program/experience)

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Population/Group To Be Served or Reached:

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**Approximately how many participants do you expect to attend/participate?**

**Budget (Please use separate sheet to attach detailed budget. Include a budget narrative (how the funds granted will be used) and what resources your organization is bringing to the proposal (staff, facility, publicity, etc.).**

Anticipated Launch Date \_\_\_\_\_

Proposed timeline for program implementation \_\_\_\_\_

Who will be Point Person/Facilitator for this Proposal?

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Who in your congregation is a stakeholder in this Proposal? (Meaning who are the collaborators? Who is helping fund any additional expenses either in kind or with dollars? Who cares about this proposal from your congregation and who besides you and the facilitator is invested?)

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Anticipated Outcomes (please include how you will evaluate these outcomes)

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Long Term Outcomes

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Signatures:

Rabbi \_\_\_\_\_ President \_\_\_\_\_