Winter Grant Application FY25

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Thank you for your interest in CJP’s FY25 winter grant. Please note that you will not be able to save and return to your application. If you exit the application before finishing, your entries will be lost. We recommend drafting responses here in Microsoft Word and then copying them into the application so you do not lose your progress.   
  
You can find additional information about the FY25 winter grant here: <https://www.cjp.org/fy25wintergrantpool>

General Information

*This section includes 1 question*

In addition to the information below, if you are an organization that has not received funding from CJP in the past, you will need to complete our vetting form in order to receive a grant. You can view and complete the form here: [CJP Vetting & ACH/EFT Form for Grantees and Vendors](https://forms.office.com/pages/responsepage.aspx?id=KwRHhQ1tMEqmZG3DJTBhkcT15vk6Xh9EkP8IdLaLzn1UMVJHTjRPVjdTSkZFTjFRWVQ0NjJDM0E0Vy4u)

Quick facts about your organization:

Legal Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Executive Director/ President/ CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (the email address written here will receive a copy of your completed application after submission) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where does your organization operate?

* Greater Boston Area only
* Nationally or Internationally only
* Nationally or Internationally, with work in the Greater Boston Area

Does your organization/program/activity meet both of the following grant criteria:

* Organization received less than $10k or no funding from CJP in FY25 July 1, 2024-June 30, 2025 (does not include Communal Security Initiative grants)
* Grant funding would support organizations/programs/activities for work within CJP’s catchment area
  + Yes
  + No

(If no, thank you for your interest, however, you are not eligible to apply for this grant. Please submit the information above so we can be in touch with future opportunities)

Grant Purpose

*This section includes ~7 questions about what work would be supported through a CJP winter grant, and how that work aligns with the goals of CJP’s portfolios. This information will help us understand your proposed use of funding, and how this work contributes to a thriving ecosystem of caring and Jewish engagement in the Greater Boston community.*

1. What is your requested funding amount (up to $18,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In a few sentences, please share your intended use for CJP's FY25 winter grant. Please specify whether a grant would support your overall organization, a specific program, or activity. Please include a description of how the funds would be used, including details on the organization / program(s) / activity(ies): [Recommended 250 words]

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1. Please describe how this funding will support one or more of CJP’s Portfolio Grantmaking Objectives [<https://www.cjp.org/fy25wintergrantpool>] -- please specify which portfolio(s), which objectives, and *how* the work advances those goals: [Recommended 250 words]

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1. If you are seeking funding for work focused on Jewish engagement (i.e., as opposed to providing caring/supportive services), which type of opportunity(ies) will the funding support? [Select one]

* Primarily one-off or low barrier opportunities (such as one-time events)
* Primarily multiple-touch or cohort-based opportunities (such as multi-session classes or long-term, fellowships)
* Primarily immersive opportunities (such as travel experiences or “full-time” year-round/seasonal educational experiences)
* A mix of these types of opportunities
* Not applicable

1. If you are seeking funding for work focused on Jewish engagement, which of the following best describes the opportunities that the funding will support? [If more than one applies, select top three]

* Educational (e.g., class or lecture)
* Cultural (e.g., concert, theater, film, museum, food)
* Religious / Holiday celebrations (e.g., Shabbat dinner, Rosh Hashanah)
* Spiritual (e.g., meditation, mindfulness, prayer)
* Outdoors or active (e.g., sports league, hiking, cycling)
* Social (e.g., meet-ups, networking, night out, party, dance)
* Social action (e.g., volunteering, philanthropy, community service)
* Travel (e.g., trip/mission to Israel, Jewish tour)
* Political (e.g., march, rally, protest)
* Israel-related events or activities (e.g., Israeli dancing, lecture, cultural event)
* Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable

1. If you are seeking funding for work focused on offering supportive services, advocacy, or other “caring” activities, which of the following best describes the work that the funding will support? [If more than one applies, select top three]

* Food assistance
* Housing assistance
* Financial assistance
* Employment support
* Mental health and well-being
* Support for people with disabilities
* Advocacy
* Inclusion-oriented programming
* Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable

Target Population and Expected Reach

*This section includes ~6 questions on populations served and the scale of your organization’s reach. This information will help us understand what your organization’s target populations are and your ability to serve those populations.*

1. Please describe the geographic focus of your proposed grant use (note: winter grants are intended for work focused within the Greater Boston area):

1. Of the following, what is your target client/participant age of the organization, program or activity that would be funded through this grant? [Select all that apply]

* Children ages 0-5, and/or their families
* Children ages 6-12, and/or their families
* Children ages 13-17, and/or their families
* Adults, ages 18-22
* Adults, ages 23-39
* Adults, ages 40 – 64
* Adults, ages 65-79
* Adults, ages 80+
* Not Applicable

1. How many people did your organization or program reach in the Greater Boston area in your last fiscal year (please note if this is actual or estimate)? \_\_\_\_\_
2. Please provide an estimate for the number of individuals the organization or program will reach in 2025, or an estimate for number of individuals reached for 2024 (if Greater Boston is one of multiple locations, please specify expected total reach AND expected reach in Greater Boston). \_\_\_\_\_\_\_\_\_
3. Is your organization able to serve everyone who seeks engagement or support for the work that would be funded through this grant (please focus your response on your efforts in the Greater Boston area)?

* Yes
* No, we have a waitlist
* Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable

11a. If you have a waitlist, please share more about your key barriers to serving more people.

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1. Do you make targeted efforts to reach: [Select all that apply]

* People with disabilities
* People with financial needs
* Jews of color
* Non-Jews
* LGBTQIA+
* Interfaith couples and families
* None of the above
* Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance and Operations

*This section includes ~6 questions covering areas related to organizational health (e.g., financial and staff information). This information will help us understand how you think about organizational health and sustainability, and provide CJP with insights into areas where individual organizations or broader groups might benefit from additional capacity building support outside of direct funding.*

1. If you are seeking funding for a specific program or activity, please attach a full budget for the program/activity for which you are seeking funding.
2. If CJP funding will not support the budget for the full scope of work, please describe your organization’s plan for covering the additional funding needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you are seeking organization level support or this is not a one-time program/activity, please share more about your financial sustainability, and how a CJP grant would fit into your broader budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many full-time non-seasonal employees does your organization have (if this work represents one part of a larger organization, please include total employee count and the number focused on this work)?

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1. Please attach your organization’s operating budget (e.g., the budget that was shared with your Board) for fiscal or calendar year 2025 including key expense categories (e.g., people, programs, administrative expenses). For national organizations, please attach a Boston-specific budget as well. To upload multiple files, you must create a compressed Zip file before uploading

Impact and Measurement

*This section includes ~3 questions about how you define and measure outcomes. This information will help us understand how you are fulfilling your organization’s mission. It will also help us identify areas where additional support around data capacity may be beneficial throughout the ecosystem.*

1. What outcomes define the success of the organization, program, or activity that would be funded through this grant (e.g., increased job attainment, increased leadership skills, greater feelings of solidarity/connection/caring)?

Please review the following terms:

* **Outputs**are defined as the direct results of your organization’s work. For example, the number of program participants served, number of events held, number of training sessions delivered, etc.
* **Outcomes**are defined as the changes that participants experience as a result of your organization’s work with them. For example, increased financial security, improved health, increased engagement in Jewish activities, etc.

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1. How does your organization measure or evaluate progress towards achieving your stated outcomes? [Select all that apply]

* We conduct an internal evaluation.
* We work with an independent third-party evaluator.
* We do not yet have concrete plans to evaluate our progress.
* Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization have evidence of achieving your intended outcomes stated above?

* Yes
* No
* Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20a. *If you do have outcomes evidence:*

* Please share more about your evidence.
* If applicable, please attach any recent outcomes information/reports here.

1. How do you track participants? [Select all that apply]
   * We estimate the number of participants/clients.
   * We regularly track participation/attendance (e.g., with a sign-in sheet).
   * We use online RSVP forms to track attendance.
   * We have a CRM database (e.g., Salesforce) where we track individual participants/clients.
   * We can track unique participants/clients.
   * We can track how often unique participants/clients engage.
   * We do not track participants.
   * Something else (or feel free to elaborate on your response to this question):
2. How do you collect participant/client feedback? [Select all that apply]
   * We conduct a regular survey (at least annually) of our participants.
   * We sometimes survey our participants.
   * We mainly collect anecdotal feedback (e.g., verbally ask participants about their experience after an event).
   * We do not regularly collect any participant feedback.
   * Other, please explain:

Submission

You are at the end of the application. When you go to the next page your answers will be submitted and you will not be able to make any changes. Are you sure you are ready to submit?

* Yes
* No

Thank You

Thank you for completing CJP’s FY25 Winter Grant Application. Once you click submit you will receive a link to a PDF of your application.

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