| Tzedakah Application Form | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| JChoice.org is a not-for-profit charity website designed to engage and unite a giving community with meaningful Tzedakah choices, all based on Jewish values. Because of developments in social networking technology, there has never before been such an opportunity to create long-lasting connections between the donors and their chosen charitable causes.  This form has been prepared to facilitate our initial efforts in evaluating requests that we receive. Please make every effort to complete this form and supplemental material in its entirety. This will lead to a more efficient evaluation process. If you cannot answer a particular question, please indicate why it does not apply to your organization. If you have any questions and are based in the U.S., please email Jeff Remis directly at [jremis@jchoice.org](mailto:jremis@jchoice.org) or if in Israel, please email Jamie Cohen directly at [jcohen@jchoice.org](mailto:jcohen@jchoice.org), and they will be happy to assist you. Every application will be considered. After reviewing your application, we will discuss with you the status of your submission. At that time we may request supplemental materials and/or further information. | | | | | | | | | | | | | |
| To be considered for support, all attachments must be provided unless indicated as optional. Please submit application electronically in a microsoft word or equivalent form \* | | | | | | | | | | | | | |
| Applicant Information | | | | | | | | | | | | | |
| Name of person completing this form: | | | | | | | | | | | | | |
| Position/Title in organization: | | | | | | | | | | | | | |
| How did you find JChoice? | | | | | | Are you the contact for application follow-up? | | | | | | | |
| General ORGAnization information | | | | | | | | | | | | | |
| Name of Group/Organization: | | | | | | | | | | | | | |
| Organization Address (street or PO Box): | | | | | | | | Neighborhood (if in Israel): | | | | | |
| City: | | | | State: | | Zip Code: | | | | | | Country: | |
| Telephone: | | | | | Fax: | | | | Skype Name: | | | | |
| Email: | | | | | | Website: | | | | | | | |
| Federal TAX# **(in the U.S.A.)**:  **Or**  Federal TAX # **(in Israel):** | | | | | | Is your organization a 501(c)(3) public charity in the U.S.A.? Yes / No  **Or if in Israel**  Is your organization a certified Amuta? Yes / No | | | | | | | |
| If applicable, fiscal agent contact information **(in the U.S.A.)**: | | | | | | | | | | | | | |
| Number of paid staff in organization:\_\_\_\_\_\_\_\_\_\_Full-time, \_\_\_\_\_\_\_\_\_\_\_Part-time | | | | | | | Number of volunteers in organization: | | | | | | |
| RSS feed URL: | | | Facebook address: | | | | | | | Twitter address: | | | |
| **Where** are the program’s recipients located?  **Who** and **how many** people are benefiting from this organization/program?  **Contact person for this program** to be listed onyour profile page **who can communicate in English** (if different than person filling out form): | | | | | | | | | | | | | |
| Name: | | | | | | Telephone: | | | | | | | |
| Title: | | | | | | Email: | | | | | | | |
| PROGRAM Snapshot AND STATEMENTS (Please specify the project or program for which you are requesting funding. Please fill out **ALL** sections and you can copy and paste information from your organization’s website to make this process easier.) | | | | | | | | | | | | | |
| Which **Jewish Value** **Categories** does your organization/program represent? Please **highlight in bold** all that apply below:   |  |  |  |  | | --- | --- | --- | --- | | Animals  Arts/Culture  Career Assistance  Children  Clothing  Disaster Relief and Recovery | Education  Elderly  Environment  Family Harmony  Feminism  Freedom  GLBT | Health  Human Rights  Hunger & Nutrition  Interfaith  Israel  Peace  Poverty | Scientific Research  Self-Esteem  Shelter  Special Needs  Spirituality  Sports | | | | | | | | | | | | | | |
| **Program Tagline** | 1. Brief, one sentence summarizing your program. Limit response to 25 words. | | | | | | | | | | | | |
| **Fun Fact about Program** | 2. What is 1 exciting fact, trivia, statistic or piece of information about your program or organization that would be appealing to a 12-15 year old? Limit response to 25 words. | | | | | | | | | | | | |
| **Program Description** | 3. Please summarize the program for which you are requesting funding in 1-2 paragraphs. | | | | | | | | | | | | |
| **Background** | 4. Please provide an overview of your institution’s history. What kinds of other programs do you offer? 1-3 paragraphs. | | | | | | | | | | | | |
| **Mission/Objectives** | 5. Define the **mission** of your organization and the overall goals and objectives for the program or service for which you are requesting funding. Why do you need support? 1-3 paragraphs. | | | | | | | | | | | | |
| **Uniqueness** | 6. What makes your organization or program distinct? How does your strategy **set you apart** from others in the same field? 1-3 paragraphs. | | | | | | | | | | | | |
| **Success** | 7. Please provide either 1-2 testimonials or a success story (1-2 paragraphs) if applicable. | | | | | | | | | | | | |
| **Get Involved** | 8. Please include ideas for projects or volunteer opportunities that youth (ages 12-15) can get involved with, other than personally contributing money. 1-3 paragraphs. | | | | | | | | | | | | |
| Finances | | | | | | | | | | | | | |
| oRGANIZATION: iF IN THE usa, PLEASE include this information from YOUR MOST RECENT fORM 990. Please fill out this section too if your organization is in israel. | | | | | | | | | | | | | |
| Program Services: | |  | | | | | | | | | | | |
| Management and General: | |  | | | | | | | | | | | |
| Fundraising: | |  | | | | | | | | | | | |
| Total Expenses: | |  | | | | | | | | | | | |
| TOTAL Budget for Specific Program Being Funded: | | | | | | | | $ | | | | | |
| Total Funding Being requested | | | | | | | | $ | | | | | |
| attachments Please include the documents specified below, and attach to application. | | | | | | | | | | | | | |
| A1. In the U.S.A., please provide us with an IRS Form 990 (of your organization or of your fiscal agent if applicable) | | | | | | | | | | | | | |
| A2. In Israel, please provide us with: A copy of your certified Amuta and any other relevant financial information | | | | | | | | | | | | | |
| B.At least **one** and preferably **several** compelling photographs for your profile page. (**Must be JPEGs**) | | | | | | | | | | | | | |
| C. **Please provide a YouTube VIDEO about your organization or program**:  *Please note, a 2-3 minute video is optional but highly recommended for your profile page.*  ***Web Link(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | | | | | | |
| Signatures\* | | | | | | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your full name) authorize the verification of the information provided on this form and give Jewish Causes of Choice, Inc. permission to publicize the information I have supplied above, for the purpose of educating potential donors for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of your organization). **I also agree to place a link to our JChoice cause page on our official organization website.** | | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | | Date: | |

Please send completed application with required attachments via **email** to Jeff Remis, Programming Associate, at [jremis@jchoice.org](mailto:jremis@jchoice.org)

If in Israel, Please send completed application with required attachments via **email** to Jamie Cohen, Israel Programming Associate, at jcohen@jchoice.org