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**Da**

Date: 00/11/17

**Institutional Profile Form**

**GENERAL INFORMATION**

**Name of Organization:** Click here to enter text.

**Name & Title of Contact Person:** Click here to enter text.

**Physical Address:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**Telephone:** Click here to enter text.

**Email:** Click here to enter text.

**Website:** Click here to enter text.

**Facebook Page:** Click here to enter text.

**Type of Organization:** Click here to enter text.

**Date & Location of Registration:** Click here to enter text.

**Registration Number:** Click here to enter text.

**Type of Governing Body:** Click here to enter text.

**Names of Governing Board Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chairperson: |  | Member: |  |
| Treasurer: |  | Member: |  |
| Secretary: |  | Member: |  |
| Member: |  | Member: |  |
| Member: |  | Member: |  |

**Name & Contact Information of External Auditors:** Click here to enter text.

**DETAILS OF ORGANIZATION**

**Number of Employees:** Click here to enter text.

**Total Annual Budget (USD):** Click here to enter text.

**Main Sources of Funding (Internal & External):**

|  |  |
| --- | --- |
| Internal | External |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Main Activities of Organization:**

**Vision Statement:** Click here to enter text.

**Mission of Organization:** Click here to enter text.

**Additional Information:** Click here to enter text.

**Project Application Form**

**GENERAL INFORMATION**

**Name of Organization:** Click here to enter text.

**First Time Application:**  Yes  No

**Previous Grants from The Jerusalem Fund:**  Yes  No

**If Yes, List the Year & Amount of Grants:** Click here to enter text.

**If Yes, Did Your Organization Submit a Final Report?**  Yes  No

**PROJECT SUMMARY**

**Project Title:** Click here to enter text.

**Project Location:** Click here to enter text.

**Amount Requested:** Click here to enter text.

**Project Description:**

Click here to enter text.

**Project Start Date:** Click here to enter a date.

**Project End Date:** Click here to enter a date.

**Project Objectives:**

Click here to enter text.

**Project Impact:**

Click here to enter text.

**Project Beneficiaries:**

Click here to enter text.

**Additional Information or Special Considerations:**

Click here to enter text.

**BUDGET INFORMATION**

**Amount Requested from The Jerusalem Fund:** Click here to enter text.

**Total Project Cost:** Click here to enter text.

**Other Sources of Funding:** Click here to enter text.

**You MUST provide a detailed, itemized budget showing all project costs. The budget should clearly show which project costs will be covered by The Jerusalem Fund, and which project costs will be covered by your organization or other donors.**

***We will not consider your application if you fail to provide a detailed budget.***

Please copy and paste your budget below, or upload it as an additional attachment on the grant submission page on our website.

**To submit this form, please visit:** [**www.thejerusalemfund.org/humanitarian-link/apply-for-a-grant**](http://www.thejerusalemfund.org/humanitarian-link/apply-for-a-grant)

**To ensure that we receive your application, please use the link above. Do NOT email your application.**