Jewish Hospital HealthCare Services

Louisville Jewish Community
EXCELLENCE GRANTS

APPLICATION

Name of Organization: _____

Contact Person: _____

Contact Phone:_____ Contact Email: _____

Name of Activity/Event/Project: _____

Amount Requested: $_____ Organization Website:_____

Please indicate in which of the following focus areas your request will benefit the Louisville Jewish community (check all that apply):

- ☐ Jewish Culture/Identity
- ☐ Health
- ☐ Human Service
- ☐ Education

Please provide a brief executive summary of your request in the space provided. Include your stated goal (what you are trying to accomplish) and how you will measure the impact. You may provide up to two pages of additional description per checklist below.

If you receive a JHHS Louisville Jewish Community Excellence Grant, how do you plan to make the community aware of this and its impact on your agency?

If a grant is made, how many people in the Jewish community will be served? _____

Checklist:

☐ Attach a listing of your current Board of Directors and indicate what percentage donates to the organization (required).
☐ Attach your IRS letter of determination (required).
☐ Attach the total budget for the project and clearly identify any other sources of funding, secured or pending (required).
☐ Attach up to two pages of additional narrative to further support your request (optional).

Submissions will be reviewed quarterly. Deadline submission dates are January 1, April 1, July 1, and October 1.

Please return to:
Jewish Hospital HealthCare Services Louisville Jewish Community Excellence Grants Committee
C/O Marketing and Public Relations
100 E. Liberty Street, Suite 800
Louisville, KY 40202

For Internal Use Only:

Date Received: _____ Date Reviewed: _____

☐ Request Denied
☐ Request Approved for: $_____