



Letter of Intent

**Please feel free to use this actual form or simply answer all of the questions (in the order as shown) as part of your own proposal. Send completed proposals to:

Mark Reisbaum
Director of Grants
Jewish Community Endowment Fund
121 Stuart St.
San Francisco, CA 94105

Letter of Intent

Date: _____

Part 1 of 3: Which fund best fits your project or program?

Which fund best fits your project or program? _____ (see below)

1. Emergency needs and/or time-sensitive needs in the local and/or overseas Jewish community. (Jewish Community Endowment Fund)
2. Seed funding for programs and services that address problems in innovative ways, including research, scholarships and training opportunities in the areas of social welfare, health, education, culture, and public affairs. (Jewish Community Endowment Fund)
3. Education and youth with a preference for leadership development and training programs, and those serving children with special educational needs and/or needy Jewish students. (Jewish Community Endowment Kohn Fund)
4. Education, health, religion and/or aging addressed in an innovative way(s), with a focus on the Jewish community. (Jewish Community Endowment Newhouse Fund)
5. Jewish elderly within the service area of the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties. (Jewish Community Endowment Maimonides Fund)
6. Pilot projects which promote Holocaust education as broadly as possible in Bay Area public, private, parochial schools and colleges, and special Holocaust-related research and education programs. (Holocaust Memorial Education Fund)

Part 2 of 3: Organization Background & Contact Information

Organization Name: _____

Name of Fiscal Agent (if applicable): _____

Date 501(c)(3) charitable status obtained: _____
(Month/Day/Year)

Tax ID Number: _____

Total operating budget for the current fiscal year (in USD):

Organization Contact Information:

Prefix: _____
(Mr., Ms., Mrs., Miss, Dr., Rabbi, etc.)

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Title: _____

Address: _____

City: _____

State: _____

Country: _____

Postal or Zip Code: _____

Primary Phone: _____

Additional Information:

The Jewish Community Endowment Fund is very interested to know how you heard about the work we do. Please check all that apply.

Referral Source: _____

Name of Referral: _____

Comments: _____

It is important that in addition to this form, you submit the following:

1. A line-item project budget for the project/program for which you are requesting support.
2. The total operating budget for your total agency for the current fiscal year, including line item sources of revenue and expenses.
3. You may also submit a Board of Directors list or other pertinent information.