



## MULTI-YEAR GRANT COVER PAGE

Multi-Year Grants are subject to annual review by The Jewish Fund Board and are contingent upon satisfactory progress of the program and compliance with Jewish Fund reporting requirements. Please review The Jewish Fund's Guidelines for Grant Requests before submitting your re-application. (Note: You may scan or reproduce this form or e-mail [mayer@ifmd.org](mailto:mayer@ifmd.org) to request that it be e-mailed to you in template form).

Name of Organization: \_\_\_\_\_  
(Please use full legal name as shown on your 501(c)(3) or other qualified tax exempt status designation)

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Chief Executive Officer/Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Volunteer Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(please note: original signatures are required for both individuals)**

Please indicate which of the following priority areas are most applicable to your project:

- Health care and social welfare needs of vulnerable/at risk populations within the Jewish community;
- Programs that address the priorities and program initiatives of DMC/Sinai Hospital;
- The health care needs of vulnerable/at risk populations in the general community;
- Efforts to further positive relationships between the Jewish Community and the Detroit community.

Title of Project: \_\_\_\_\_ Grant I.D. #: \_\_\_\_\_

Purpose of Program (one sentence): \_\_\_\_\_

Amount Requested from The Jewish Fund: \$ \_\_\_\_\_ for year \_\_\_\_\_ of \_\_\_\_\_ year grant

Anticipated Total Contribution From Other Sources (indicate in-kind as well): \$ \_\_\_\_\_

Organization's financial contribution (indicate in-kind as well): \$ \_\_\_\_\_

Project's target population (demographic characteristics): \_\_\_\_\_

Send this Cover Page and the Progress Report and 1 set of the required attachments (audit, organization brochure and/or annual report), BUT DO NOT STAPLE, to:

The Jewish Fund  
6735 Telegraph Road  
Bloomfield Hills, Michigan 48303-2030