



# THE KSW CALGARY HOLOCAUST EDUCATION & COMMEMORATION ENDOWMENT FUND

## Application Form

### Applications Reviewed Quarterly

*Please note, Fillable .pdf's work best when completed from your desktop rather than an internet browser. Save this form to your desktop using the file name format **Name.pdf** below prior to completion.*

Complete all sections below. When filling it out, use the "Tab" key to move to next box or click any box to select it.

**Forward your complete application including all documents to:**

**Jewish Community Foundation of Calgary**

1607 - 90 Avenue SW  
Calgary, AB T2V 4V7  
email: mail@jcfc.ca

**For all inquires please contact:**

Brenda Sapoznikow,  
Foundation Administrator  
mail@jcfc.ca | 403-640-2273

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### Section A: General Information

Organization: \_\_\_\_\_ CRA (Charitable Number): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Established: \_\_\_\_\_

Email: \_\_\_\_\_

**Section B: Organization Contact Person**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attach an official Organizational Mandate.

Describe Organizations Mandate:

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**Section C: Project**

Project Title: .....

Planned Start Date: .....

Planned End Date: .....

Number of individuals who will benefit from this project: .....

Project Summary

.....

Project Activities

.....

Project Benefits

.....

## Section D: Proposed Financial Budget

- » A general outline of costs to complete the project or program.
- » Enter amounts into the blue boxes.

INCOME		EXPENSES	
<b>INTERNAL FUNDING</b>		<b>PROJECT COSTS</b>	
Organization Contribution:	\$	<i>Provide detail budget for project costs.</i>	\$
Other:	\$		
<b>TOTAL INTERNAL INCOME</b>	\$	<b>TOTAL EXPENSES</b>	\$
<b>EXTERNAL FUNDING</b>		<b>PENDING GRANT APPLICATIONS</b>	
Government Grants:	\$	1.	
Foundation Grants	\$	2.	
Donor Contributions:	\$	3.	
Events in support of project:	\$		
<b>TOTAL EXTERNAL INCOME</b>	\$		
<b>TOTAL INCOME</b>	\$	<b>SHORTFALL</b>	
		(Surplus is shown as negative number)	\$

## Section E: Supporting Information

Please supply the following supporting documents with application.

- List of Board Members
- Annual Report
- Letters of Support or References

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## Section F: Certification

- I verify that all the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide additional information.

Authorized Signature: .....

Organization Name & Position (printed): .....

Date: .....

**Notice:** All applications become the property of the Jewish Community Foundation of Calgary and may be reproduced or published by the Foundation. We reserve the right to consider late entries.

The JCFC reserves the right to not award a grant if, in the opinion of the judges, none should be awarded. Inquiries may be directed to JCFC via email to [mail@jcfc.ca](mailto:mail@jcfc.ca) or by telephone to 403-640-2273.

**Please note:** make sure to include all documents requested throughout the applications then email to [mail@jcfc.ca](mailto:mail@jcfc.ca), Attention: Brenda Sapoznikow, Foundation Administrator.