



IN DULCI JUBILO, INC.

Latin: "In Sweet Joy"

P.O. Box 7674 • Berkeley, California 94707

Phone: 510-845-3499

www.indulcijubilo.org

GRANT APPLICATION: 2017

To be considered, all applications must be typed and signed by the appropriate people, sent via U.S. Mail, and postmarked no later than Thursday, April 27, 2017. Please **DO NOT include any additional materials/documents such as brochures, photographs, calendars, videos or other printed materials.**

A downloadable version of this application is available at www.indulcijubilo.org

*At the end of the school year, all recipients of approved grants must submit a final written report to IDJ regarding their project. Grantees may also be asked to make a presentation of their results to the IDJ board. **Please note: Previously funded applicants will not be considered for future funding until all required reports have been submitted.***

- 1. Title of Project:**
- 2. Summary of Project (3-5 sentences):**
- 3. Requested Project Amount (up to \$5,000.00):**
- 4. Total Amount of Project Budget:**
- 5. Date of Application:**
- 6. Applicant's School or Organization Name:**
- 7. School or Organization Address:**
- 8. School or Organization Phone Number:**

9. Project Leader/Primary Contact Phone:

10. E-mail Address:

11. Web Address:

12. Is this a 501(c) 3 organization? _____ Tax ID Number:

13. Amount of your annual organizational operating budget for the year: \$ _____

14. Need: State the need for the project, and include relevant data. **Please attach one page, double-spaced, typed.**

15. Project Description: Briefly describe the specific project. What will the project do? How will it be organized? **Please attach up to two pages, double-spaced, typed.**

16. Target Audience: Whom does your project serve? Please indicate the number of individuals your project will reach. **Please attach one page, double-spaced, typed.**

17. Outcomes: What are the specific, concrete outcomes that will be achieved during the project? **Please attach one page, double-spaced, typed.**

18. Budget: How will the requested funds be used? **Please attach a typed project budget, and indicate how IDJ funds would be allocated. Please indicate all other sources for project funding, secured or pending.**

19. Have you received an *In Dulci Jubilo* grant before? _____
Please type a list of past projects, dates, and amounts of funding. Use an additional page if necessary.

20. If selected, will you be available to make a presentation of your results to the IDJ board?

SIGNATURE PAGE

All applications MUST be typed and have all appropriate signatures in order to be considered. Also, if your grant is selected, please indicate the name of the program/organization and the name and title of the person who is authorized to sign for and pick up the grant check.

Project Leader's/Primary Contact's Name (Please print legibly.) **Date**

Project Leader's/Primary Contact's Signature **Date**

Principal's Name (Please print legibly.) **Date**

Principal's Signature (required) **Date**

Executive Director's Name (Please print legibly.) **Date**

Executive Director's Signature (required) **Date**

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