Ohr Kodesh Endowment Fund Application

Deadline: _____

Project Title:	
Applicant:	
Group Contact Person:	
Contact Person E-mail:	
Contact Person Telephone Number:	
Amount requested:	
Project start date:	
Project end date:	
Coordinated with which OKC committee, ECC, or ABRS	

Description of project and how it relates to the purpose of the fund. (Attach additional sheets if necessary.)

What are the project's goals and objectives, and how will you know if your project has reached them? What is your project's monitoring and evaluation plan?

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Will you prepare a completion report at the end of the project? Yes____ No____

Please include a project timeline for your implementation plan. Describe each activity for project planning and implementation in the "Activity" column. Indicate when each activity will take place by indicating with an "X" in the appropriate week or month.

Approximate implementation period. For projects lasting three or more months, then please select months. If a project will be completed in less than three months, then select weeks. Do you want to measure your timeline in weeks or months?

Months: Start Date (1=) _____ End Date _____

Weeks: Start Date (1=) _____ End Date_____

Activity	Time (weeks or months)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Budget:

	Amount
Labor	
Equipment	
Materials/Supplies	
Rentals	
Travel, per diem, food	
Other	
Total	

Budget Narrative: