**2013-2014 Voices: Chicago Jewish Teen Foundation Request for Proposal**

**Committee on Medical Research**

**Voices: The Chicago Jewish Teen Foundation** is comprised of a group of Jewish teenagers from the Chicago area from a variety of backgrounds. The foundation focuses on different philanthropic needs each year. We are funded by a special endowment through the Jewish Federation of Metropolitan Chicago as well as our own contributions.

This year, the foundation members divided into committees based upon four different areas of interest: Aid to Israel, Physical Disabilities & Mental Illness, Basic Needs, and Medical Research. This Request for Proposal (RFP) represents the grant guidelines and funding goals of the Committee on Medical Research. (Grant seeking organizations may apply for funding from more than one committee, as long as it is for separate projects. Please review each committee’s grant guidelines to see if your organization/project qualifies.)

**What is Funded?**

In the 2013-2014 year, Voices: The Chicago Jewish Teen Foundation Committee on Medical Research will fund proposals in the following program areas:

1. Medical research in the area of children’s cancer

2. Medical research relating to diseases and illness that disproportionately affect Jewish people

**What is Not Funded?**

We will not accept proposals requesting funding for:

1. Ideas/philosophies not supported by Voices: The Chicago Jewish Teen Foundation

Approximately $30,000 in grants (divided by 4 different areas of interest) will be awarded this year. Proposals will be considered between $5,000 and $8,000 for funding. Annually, Voices receives over 50 proposals and on average funds 20% of projects in small amounts.
To Apply, please submit the following documents:

1. Grant Application Form (below)

2. Two-pages maximum narrative description of the project for which you are seeking funding including the following:
   a) How will a small grant (between $5,000 and $8,000) from Voices impact your program/organization?
   b) If Voices is unable to fully fund your proposal, how might this affect your program?
   c) Summarize the organization’s mission and background.
   d) Community need for the program.
   e) Please provide a brief summary of the project for which you are seeking funding.
   f) Organizational capacity to administer the program/project for which you seek funding.
   g) Measurable objectives
   h) Evaluation plan for this project and how success will be measured

3. Copy of your current agency budget, including a budget narrative (no more than one page) describing any non-personnel costs

4. Copy of your projected agency budget (if available), including a budget narrative (no more than one page) describing any non-personnel costs

5. Projected project budget, including a budget narrative (no more than one page) describing any non-personnel costs

6. Proof of 501(c)(3) status OR a letter of authorization from your fiscal agent

7. List of the agency board of directors

Other Requirements:
Because the Voices board members are teens who are in school during normal business hours, some organizations may be asked to make a presentation (either in person, if possible, or by video conference) about their proposal on Sunday, April 6, 2014 in the Chicago area.

Applications and proposals are due by Friday, February 21, 2014.
Grant decisions will be made by May 2014.

Please send applications and requested supporting documents by email to:
StephanieGoldfarb@juf.org

If you have any questions or need more information please contact Stephanie Goldfarb.
Phone: 312-444-2802 Fax: 312-444-2086 Email: stephaniegoldfarb@juf.org
Voices: The Chicago Jewish Teen Foundation 2013-2014 Grant Application Form
Committee on Medical Research

Please complete all questions below in the space provided (except for the five questions at the bottom of the page, which may be answered in one additional page). You may reproduce this application on your computer, but please use the same space (one page) to answer the questions.

PROJECT TITLE (if applicable): ____________________________________________________________

Organization: ________________________________________________________________________

Address: ____________________________________________________________________________

_____________________________________________________________________________________

Contact person and title: __________________________________________________________________

Telephone: __________________________ Fax: __________________________

Email: __________________________ Website: __________________________

Year Organization Founded: ____________________________________________________________

Executive Director: ______________________________________________________________________

Is your organization a tax-exempt 501(c) 3? _____Yes______No

If not, what organization will serve as your Fiscal Agent? ________________________________

Amount requested: $________________ Organization’s Annual Operating Budget: ______________

Total Project Budget: $________________ Amount requested from other sources: ______________

Will a member of your staff be available to make an in-person presentation in the Chicago area about your proposal on Sunday, April 6, 2014? _______Yes ________ No

Will a member of your staff be available to make a Skype or other teleconference presentation about your proposal on Sunday, April 6, 2014? _______Yes ________ No

Geographic focus:

☐ Chicago Metropolitan area ☐ Other (please specify location) ____________________________