

The Jewish Storytelling Coalition Grant Application

Date of Application _____

Name of Applicant or Organization _____

Name of Contact Person _____

Address _____ City _____ State _____

Zip _____ Phone _____ Fax _____ email _____

Storyteller(s) you plan to hire _____

Proposed dates for program _____ Amount requested: \$ _____

Describe the program for which you seek support. Explain how this program will help to accomplish any of your organization's goals.

Describe the audience for this program. Approximately how many people will benefit from this program?

What ages? Are you planning any follow-up activities for this program?
Is the success of this project contingent upon other funding requests?

Describe any previous storytelling programs your group has sponsored?

**Please note: You may answer the questions on a separate sheet of paper.*

Storytelling Program Budget	Sources of Support for Program
Program Expenses: A. Teller's Fee \$ _____ B. Publicity budget \$ _____ C. Other event expenses \$ _____ Total Program Expenses \$ _____	A. Other sources of support \$ _____ B. Amount requested from Jewish Storytelling Coalition \$ _____ Total Program Revenue \$ _____

Send three copies to: Jewish Storytelling Coalition 63 Gould Street Newton, MA 02468 (617) 244-2884	JSC Contact: Bonnie Greenberg 617-244-2884 BBonnieG@aol.com or visit JSC website at www.jewishstorytelling.org
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