Application: Heather-0000000007

Jewish Federations' Innovations Program Application - 2026

Summary

ID: Heather-0000000007
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Jewish Federations' Innovations Program – Heather Cohort Stage 2 Application

Incomplete

Form for "Innovations Stage 2 Application"

DRAFT Stage 2 Application - Innovations

Jewish Federations' Center on Aging, Trauma, and Holocaust Survivor Care's (Center) Innovations Program – Stage 2 Application

Based on the Review Committee's scores and, if applicable, applicants' past compliance with Center grants, your organization has advanced to Stage 2. This is the stage at which the Center offers guidance to help applicants modify proposals to meet available funding and fit within the guidelines of the grant. The Center has included guidance in the Stage 2 Advancement Letter sent to your Organization.

You may reuse relevant content from Stage 1. However, Stage 2 should reflect your most up-to-date thinking, so please refine or expand any sections that have changed or need additional detail. During Stage 2, applicants must submit the Stage 2 Application Questionnaire, Stage 2 Budget Application Workbook, Stage 2 Work Plan, and all required Banking Information.

Basic Information

1. Full Legal Organization Name

(No response)

2. Organization Address

(No response)

2a. Do you anticipate that the proposed projects will take place at a different location from above?

(No response)

3. Applicant Contact's Full Name

(No response)

4. Applicant Contact's Title

(No response)

5. Applicant Contact's Email Address

(No response)

6. Applicant Contact's Phone Number

(No response)

7. CEO's Name, including prefix

(No response)

8. CEO's Email Address

(No response)

8a. Full name of signatory for the Cooperative Agreement, if different from CEO

(No response)

8b. Email address of signatory if different from CEO

(No response)

9. Board Chair's Name, including prefix

(No response)

10. Board Chair's Email Address

(No response)

11. Full Name of Local Jewish Federation (if applicable)

(No response)

11a. Jewish Federation CEO's Name (including prefix, if applicable)

(No response)

11b. Jewish Federation CEO's Email Address (if applicable)

(No response)

Application Overview

12. From the drop-down menu, indicate the amount of funds for Program Period 1 requested from Jewish Federations. Do not include matching funds.

(No response)

13. From the drop-down menu, select the number of projects proposed in the application.

(No response)

Project 1 Questionnaire

a. List the name of each project. (50 characters)

To name your project(s), select a short phrase that communicates the activity performed. For example, a project that aims to reduce food insecurity could be named “Nutrition Assistance” or “Food Delivery.” Project names that do not clearly identify the service, such as “Community Cares,” should be avoided. These names are for Jewish Federations’ reporting and identification, not for marketing. Project names must be the same in all application documents, including the Program Questionnaire, Work Plan, and Budget Application Workbook.

(No response)

b. Provide a summary of the project. (2,500 characters)

A project summary should include the project name, the proposed intervention, several key activities, the Service Population to be supported, and the proposed outcome category. It should also include details about which activities will be conducted in Program Periods 1 and 2, as well as a few measurable results.

For more information and examples refer to sections 1.4 and 1.5 and the How to Define a Project explanation and video located on the Call for Applications webpage: https://holocaustsurvivorcare.jewishfederations.org/call-for-application. An example of a well-defined project: “Organization Name will implement the Healing Through Connection: A Group Therapy Project for Holocaust Survivors. The intervention is group therapy sessions for Holocaust survivors to discuss different mental health topics (such as grief, care for loved one, etc.) with the intent to improve mental health. In Program Period 1, activities include hiring and onboarding staff, training the group therapist in the PCTI approach, and conducting outreach to participants. In Program Period 2, activities include providing sessions on different topics, conducting an evaluation of project outcomes, and adjusting group therapy sessions based on evaluation results and feedback. As a result of the group therapy project, Holocaust survivors may experience reduction in stress, anxiety, and depression. They may also feel an increased sense of connection, learn coping skills, and confidence in maintaining their mental health.”

(No response)

c. Select the Service Population(s) this project will serve. Select all that apply.

No Responses Selected

d. Provide the number of unique anticipated participants for each project by participant type and Program Period.

In the column "Unique Participants for Entire Grant Period (Jan. 1,2027-June 30 2028)," the number should be the total of participants from Period 1 and Period 2.

Enter "0" if none apply.

	Unique Participants for Program Period 1 (Jan. 1, 2027 - Sept. 30 2027)	Unique Participants for Program Period 2 (Oct. 1, 2027 - June 30, 2028)	Unique Participants for Entire Grant Period (Jan. 1, 2027-June 30 2028)
Holocaust Survivors			
Older Adults with a History of Trauma (aged 60 or older, not including Holocaust Survivors)			
Family Caregivers			
Professional Service Providers Trained			
Volunteers Trained			

e. List proposed project intervention. (100 characters)

An intervention is a method or process to prevent harm or improve functioning. There can be only one intervention per project. (e.g., socialization events, chair yoga, individual therapy, pastoral counseling, case management). For more information, see section 1.4 of the RFP and the Supplemental Project Guidance document and video tutorial located on the Call for Applications webpage: https://holocaustsurvivorcare.jewishfederations.org/call-for-application.

(No response)

f. Select one project outcome.

An outcome is a result of a project on participants (e.g., improved mental health among family caregivers, reduce social isolation among Holocaust survivors). While projects may achieve many outcomes, for the purpose of the Center's evaluation, each project should have only one primary outcome. For more information about project outcome categories see sections 1.4 and 1.5 of the RFP.

(No response)

g. Explain how the project would be innovative from the services currently provided by the organization to project participants. Clarify what is a new and/or expanded idea, method, product, or service for the field or organization. If an organization has operated a project similar to the one proposed, whether or not the project has been funded by Jewish Federations, detail what will be different, new, innovative, and/or expanded. Please note that increasing participant numbers without implementing an innovative concept does not meet the innovation threshold. (1,000 characters)

(No response)

h. Explain how the proposed project will incorporate PCTI principles. (1,000 characters)

(No response)

i. Explain how the organization intends to staff the project. Describe whether the organization will hire new staff and/or fund existing staff. (500 characters)

(No response)

j. Address points raised by the Review Committee in the Stage 2 Advancement Letter here.

Please number your responses to correspond with the numbered questions that appear within the Stage 2 Advancement Letter. Please briefly respond using complete sentences.

(No response)

Work Plan

Complete the Work Plan Template by following the directions below.

Upload the completed Work Plan to this SMA site. The guidance in this section is best utilized when read in combination with the Work Plan Template and Sample Work Plan.

Step 1. Complete the first tab of the Work Plan template by entering the names of each project. Use the same project name(s) on all application materials. Create a Staff Title Key by listing each staff position entered in the Work Plan and their associated abbreviation (e.g., SVP - Senior Vice President, CM - Case Manager).

Step 2. Complete a separate Work Plan in subsequent tabs for each project. Work Plan charts for distinct projects are located on tabs two and three. If the application includes only one project, leave the remaining tab blank. For each project, follow steps 3 through 7.

Step 3. List the project name, selected outcome category, and intervention of the project at the top of the chart. For more information about outcomes and interventions, see section 1.5. An outcome is a result of a project on participants (e.g., improved mental health among family caregivers, reduce social isolation among Holocaust survivors). For more information about project outcome categories, see sections 1.4 and 1.5 of the RFP and the Supplemental Project Guidance document and video tutorial located on the Call for Applications webpage: https://holocaustsurvivorcare.jewishfederations.org/call-for-application. An intervention is a method or process to prevent harm or improve functioning. There can be only one intervention per project. (e.g., socialization events, chair yoga, individual therapy, pastoral counseling, case management).

Step 4. Describe the key tasks next to the numbered row. Key tasks are the main activities required to achieve the intervention (e.g., recruit participants). Ensure that the following key tasks include, but are not limited to, hiring and orientation, participant outreach, service implementation activities, evaluation activities, quarterly reporting, and sustainability plans.

Step 5. List all relevant activities under each key task. These are activities required to accomplish the key task. Add and delete rows for key tasks and activities as needed. (e.g., for recruiting participants an applicant can create outreach fliers, refer participants from case management, and share information about events with network organizations).

Step 6. In the column titled Lead Person(s), note the job title of the individual who will take the lead on accomplishing the task.

Step 7. Indicate the anticipated completion date(s) for the activities by filling in the cell(s) corresponding with the month(s) when the activity will be implemented.

Note, projects can begin and end at different times throughout the grant period.

14. Upload Work Plan here.

15. Address points raised by the Review Committee in the Stage 2 Advancement Letter here. If no points were raised about the Work Plan, write "N/A."

(No response)

Budget Application Workbook

Please see the Stage 2 Budget Application Worksheet attached to your Stage 2 notification letter for questions, comments, and required modifications to your budget(s). **Failure to accurately respond to and correct budget issues may disqualify your application for consideration.** You will be given two opportunities to correct your budget to comply with your project and work plan. Kindly ensure your work is accurate and reflects the necessary changes.

16. Upload Budget Application Workbook here.

Cooperative Agreement

Click here to confirm that you have read the Cooperative Agreement and that your organization will be able to sign it without any changes. Awarded applicants will be expected to sign the Cooperative Agreement as-is.

No Responses Selected

Additional Financial Documentation

Please submit any **updates** to these documents previously submitted in Stage 1.

a. Upload Organization budget for the last completed fiscal year.

b. Upload Organization budget for the current fiscal year.

c. Upload Organization’s current Indirect Cost Rate Agreement (if applicable).

d. Upload Independent Audit Letter (Management Letter).

Most recent organization audit report that includes a management letter, consolidated statements of activities, functional expenses, and cash flow, clearly identified by fiscal year in the file name.

e. Upload Organization Single Audit (also known as Subpart F or A-133), clearly identified by fiscal year in the file name (if applicable).

f. Upload Organization’s current IRS tax-exempt status determination letter or most current Form 990, or Certificate of Incorporation or equivalent document for qualified religious agencies not required to file Forms 990 and 1023 year in the file name (if applicable).

g. Upload Verification of UEI or verification that a UEI request is in progress.