

Eligibility Quiz

Have you recently discussed this project with us?

-Select One- ▼

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* Required before final submission

Skills, Knowledge and Tools for Jewish Education Application Form

Please submit by **GMT 17:00, Friday 10 September 2021**. Please read the [Application Guidance](#) to help you complete the online application. If you need further assistance please contact us via the [Contact Us](#) link at the top of this page.

Please note that your application page must remain 'active' when completing the form. In order to keep the form active and save the text written so far, you can either click 'Next' to navigate to the next page and then return to the previous page or click 'Save and Finish Later' which will take you to your account dashboard. If the application is left inactive for more than 50 minutes, you will receive an alert before you lose any unsaved changes.

Please add mailuk@grantapplication.com and echosign@echosign.com to your safe senders list to ensure you receive all system communications.

Summary Information

* Name of organisation

* Country of organisation

- Select One - ▼


* Countries served by this project. Please note that there are geographical limitations on this category. Refer to the [Notes of Guidance](#). You can check several countries.

- Belgium
- France
- Germany
- Hungary
- Italy
- Spain
- The Netherlands
- United Kingdom
- Multiple Countries

* Project Title

* **Total amount requested from the Foundation.** Sum total for all months/years to the nearest pound. ⓘ

The total requested amount must be the same as the total requested amount that appears on the project budget table (available in the [Attachments](#) section). Amount in £ sterling (GBP). Do not enter any currency symbols e.g. £, \$, € or full stops.

* **Total Project Budget.** To the nearest pound. 

The total project amount must be the same as the total project amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). **Please include the requested amount above in your calculation.** Do not enter and currency symbols e.g. £, \$, €, or full stops.

* **What is the start date of your proposed project?**

Your project should not start before 01 January 2022.

* **For how long will you require funding?**

(In whole months only; 36 months maximum).

* **Project Summary**

Please describe in no more than 300 words the key elements of your proposal (It might be easier to complete this section after you have filled the form).

Word count 0 of 300

* **What are the current professional development opportunities (general professional skills and Jewish learning in particular) available to your educators?**

* **What will your educators know or do differently as a result of this project?**

* **Please explain the risks involved in this project and your proposed strategies to manage them.**

List the risk first; then the strategy.

* **How will COVID-19 impact on the implementation of your project? What measures have you taken to address any potential difficulties?**

Proposed projects must include a Professional Development (training) section and an optional Programme implementation (activities) section.

Project Components - Professional Development Section (Training)

Outline the most important components of the proposed professional development programme (up to four). Examples include, but are not limited to a visit by an expert educator to advise your organisation about professional development, a new staff position for a Jewish educator, an annual schedule of Jewish learning themed lectures for professionals from different organisations in the community, a workshop on how to engage participants with Jewish programming online.

For each of the components, describe the goals, the division of tasks between partner organisation(s) (if relevant), expected number of participants, subjects to be covered, structure of the sessions / workshops/mentorship, total number of hours, frequency of training, profiles of presenters/experts, location of training whether it will be delivered in person or virtually and timeframe.

Professional Development - Component 1

Professional Development - Component 2

Professional Development - Component 3

Professional Development - Component 4

Programme Implementation Section (Activities)

As a result of the above professional development programme, your application may include a plan of Jewish-content based activities to be delivered to wider audiences in the community.

Please list up to 4 activities that you plan to deliver (see examples on the [Notes of Guidance](#)).

Programme Implementation - Activity 1

Programme Implementation - Activity 2

Programme Implementation - Activity 3

Programme Implementation - Activity 4

Project Staff

Please list the key staff members (paid) who will be working on the proposed project. Please include:

- Name
- Role/responsibilities
- * • Relevant qualifications
- Total hours per month they work
- Total hours expected to spend on this project each month

Please create a new line for each staff member.

* Please tell us about the relevant experience of those leading the project.

Organisation Information

* Please list your organisation's main activities:

Maximum 350 words.

Word count 0 of 350

* Please describe the organisation(s)' experience in running projects of this kind. Highlight aspects of the training which the organisation(s) have not previously undertaken and what challenges do you need to consider.

Maximum 350 words.

Word count 0 of 350

* Please list up to three highlights / main achievements of the organisation(s) in the last 18 months.

Please put each highlight on a new line.

* Please describe how your organisation uses digital platforms and social media to work, communicate, engage and educate with different audiences and to promote its activities.

What is the number of paid staff members, board members and volunteers involved in running your organisation?

Please list and number the following full time and part time staff for each following staff type:

- * • Paid employees
- Board
- Members/trustees
- Volunteers

Please put each staff type on a new line.

* How has COVID-19 affected your organisation? What measures have you taken to adapt to the current circumstances?

Monitoring and any other information

* How do you plan to monitor and evaluate the two sections of the project? Please be specific about how will you determine whether the project was successful.

Please provide any additional information that is relevant to the project and is not covered elsewhere in the application form.

Maximum 300 words.

Word count 0 of 300

Primary Contact

* Title

- Select One - ▾

* First Name

* Last Name

* Position in the organisation

* E-mail

* Direct Landline

Include country code.

Mobile Phone

Include country code.

* Would you like us to register you to RFHE's mailing list to receive occasional emails about grant rounds and other opportunities?(declining to register will not influence our assessment of the application)

- Select One - ▾

Authorised Signatory (please only complete if different from the primary contact)

Authorised Signatory for signing grant letter and agreement (e.g. Organisation Director; Chair of the Board.)

Title First Name Last Name

Position at Organisation E-mail

Direct Landline Mobile Phone
Include country code. Include country code.

Would the authorised signatory like us to register you them RFHE's mailing list to receive occasional emails about grant rounds and other opportunities? (declining to register will not influence our assessment of the application)

Organisation Details

*** Address**

Please provide number and street name.

*** City**

*** Postal Code**

*** Landline department phone number**

Include country code.

*** Year the organisation was established**

Website Address

Which best describes the legal status of your organisation? (please state yes or tick one box only)

Note: Proof of charitable status will vary from country to country and according to the type of organisation making the application. In all cases, the activities of the organisation must qualify as charitable within the United Kingdom. For more information please consult the [charity commission website](#).

Is your organisation a Registered Charity?

Tick if yes.

Registered Charity Number

Provide if you selected yes to Registered Charity above.

*** Organisation in process of registration**

*** Public or non profit organisation**

Note: If your organisation is awarded a grant, charitable status must be in place within three months of having received notification of the grant, or your grant may be cancelled.

Please ensure that your application is accompanied by the following documents as it will not be considered for funding if you fail to include them. This applies to applicants, including those that have received funding in the past. Documents must be uploaded under the relevant drop-down attachment headings below.

1. Budget table and budget explanation for the proposed project (required) - download [here](#).
An example of a completed budget form can be downloaded here: [sample](#)
Please save a copy of the document to your PC and upload your completed budget and budget explanation below.
2. CVs of key staff members working on the project (maximum 2 pages for each staff member). This should reflect their experience in undertaking projects such as the one outlined in this application. Please combine all CVs into one document before uploading (required).
3. Official proof of your institution's charitable/non-profit status (required).
4. The most recent available audited accounts or financial statement stamped by the financial authority in your country (required).
- 4a. If the submitted accounts or financial statement are not in English, you are required to submit an English summary of the income and expenditure account and balance sheet.
5. If you are applying for a multi-year grant, please submit the latest organisational strategic plan which includes the larger vision of the organization and how your project fits within that.
6. Certification from the tax authorities.
7. A one-page update on any other grant you may have currently with the Foundation.
8. Final report(s) for any outstanding grants funded by RFHE (please only include these if you have not yet submitted them to the Foundation).
9. OPTIONAL: Any additional supporting documentation to support your application.

For English translated documents - Upload your English translation to the corresponding title above, so you may have up to two documents per heading - one for original documentation and one for translated material.

Please note: Please ensure that non-Latin characters or symbols (for example: à, ø, Å, é, ü, ž, *, ", !, *, spacings) appear in the title of the documents you intend to upload and html and JPG files are not admissible.

Declaration

RFHE is committed to the principles of data protection including the principle that information is only to be retained for as long as necessary for the purpose concerned. In addition to the information submitted in this form, to process this application RFHE may collect information about your project and organisation that you do not directly provide, whether it is information received from third parties, such as referees, employers and partners, or information RFHE collects about your organisation's activities. The application might be shared with an expert committee and occasionally external referees. If your application is successful, RFHE will keep your personal identifiable information for a reasonable period as part of the process of managing the grant. If your application is not successful, RFHE will retain only your contact details and basic information about the project for future reference in case you approach us again. For more information please read our [privacy policy](#).

* I declare that the information supplied in this form is accurate to the best of my knowledge.

Please tick this as your electronic declaration.

* Our institution/organization is compliant with our country's guidelines regarding the management of COVID-19 and will adapt to changes in policy as appropriate.

Please tick this box.

* Our institution/organization is compliant with our country's laws regarding safe-guarding policies for vulnerable people, we have written guidelines available for inspection and our staff have had appropriate training.

Please tick this box.

I am the Chair, Director or Head (authorised signatory) of the applying organisation, with the authority to accept a grant should one be awarded. If I am not an authorised signatory, then I have their express permission to submit this application and I have consulted with them prior to doing so. Please note that failure to have obtained permission from the authorised signatory prior to submitting an application will result in automatic disqualification from the application process.

Please tick this to confirm that you are either the authorised signatory or that their permission has been granted.

* I am aware that the personal identifiable information submitted in this application including names, email addresses, phone numbers, business addresses, as well as demographic information will be used by RFHE to process this application.

Please tick this box.