## Jewish Communal Life - Professional Development for Community Educators First Stage

Applicant Information  Department and Institution/Centre/Organisation Name* Include Department if applicable  Website Address*  Address*  Start typing to search for an address  Geographic Area (Country/les) served by this project?*  Year the organisation was established*  Project Summary  Project Title*  Total amount requested from the Foundation (£ Sterling GBP). Sum total for all months/years to the nearest pound.*
Include Department if applicable  Website Address*  Address*  Start typing to search for an address  Geographic Area (Country/ies) served by this project?*  Year the organisation was established*  Project Summary  Project Title*
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This must be the same as the total requested amount that appears on the project budget table.
£
Total Project Budget (£ sterling GBP). To the nearest pound.* This must be the same as the total requested amount that appears on the project budget table.
£
Start date of the proposed project? If this application is towards a new part of an existing project, when does the new part start.* Please note the earliest possible start date is 01 September 2025.
01/09/2025
Project end date* Project end date must be later than the 01 September 2025.
DD/MM/YYYY
Please describe the key elements of your proposal* Maximum 150 words.

Project Information
Please describe the goals, target audiences and timeframe for the project. Include the number of expected participants and beneficiaries. maximum 250 words
Please list the main staff members / external consultants who will be involved in the project and their relevant experience.* Maximum 250 words.
Tell us about your organisation and its purpose.* maximum 100 words.
How does this project fit with your strategic plan and why are you unable to fund it internally?*
Maximum 150 words.
naximum 100 words.

Primary Contact	
Please complete the primary contact details section for the application.  The primary contact will receive correspondence regarding the outcome of the stage one application, along with Only one contact can be included at this stage.  Please select Primary Contact from the contact role list.  Minimum number of responses: 1	any questions or queries the Foundation may have.* + Add new
IS PREFIX. FIRST NAME \$\hfivetarrow\$ INDULE NAME \$\hfivetarrow\$ LAST NAME \$\hfivetarrow\$ EMAIL ADDRESS \$\hfivetarrow\$ CONTACT ROLE - SELECT: 1. PRIMARY CONTACT	CONTACT CONTACT MAILING LIST - WOULD YOU LIKE US TO REGISTER YOU TO RFHE'S MAILING LIST TO RECEIVE OCCASIONAL EMAILS ABOUT GRANT ROUNDS AND OTHER OPPORTUNITIES?
Organisation Status	
Which best describes the legal status of your organisation?  Note: Proof of charitable status will vary from country to country and according to the type of organisation making more information please consult the charity commission website.	ig the application. In all cases, the activities of the organisation must qualify as charitable within the United Kingdom. For
If you organisation is a registered charity please answer the questions below:	If your organisation is <u>not</u> a registered charity please answer the questions below: <b>Note:</b> 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.
Registered Charity Number If you selected 'yes' to Registered Charity.	Is your organisation a Public or Non Profit Organisation?  Is your organisation a Organisation in process of registration?

Safeguarding
Rothschild Foundation Hanadiv Europe is committed to creating a safe and inclusive environment, where people are respected and valued. We expect those we work with and support to do the same. Organisations should actively prevent harm, harassment, bullying, abuse and neglect in the workplace and everyone in the organisation must play an active role in ensuring a duty of care to staff members, volunteers, participants and donors. Specifically, we expect all grantees to:*  • Comply with all Safeguarding laws and regulations applicable in all countries in which they operate.  • Carry out and maintain all required safeguarding checks of their staff, volunteers and consultants.  • Ensure robust safeguarding policies are in place to cover activities involving children, young people or vulnerable adults.  • Notify the Foundation of any safeguarding concerns or any serious incidents reported to the authorities, whether or not they directly relate to a RFHE grant, in a timely manner.
Collecting Personal Data 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 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.*
~
I am the Chair, Director, Dean, Head or Principal Curator (authorised signatory) of the applying organisation or department, with the authority to accept a grant should one be awarded. If I am not the authorised signatory, then I have their express permission to submit this application and they have reviewed the application, proposed budget and any plans to hire personnel for the project. 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.*  Confirm that you are either the authorised signatory or that his/her permission has been granted.

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

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 attachments heading below.

Please do not upload information that has not been requested, it will not be accepted as part of your application at this stage.

For English translated documents - upload your English translation to the corresponding attachment along with the original documentation.

1. Budget Table and budget explanation - use form provided.\* click to download the required template. Please save a copy of the document to your PC and upload your completed budget and budget explanation. click to download a sample template



Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: xls, xlsx

2. Official proof of your institution's charitable/non-profit status.\*



Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, gif, jpeg, jpg, pdf