****

##### Rabbi Israel Miller Fund for Shoah Education, Research and Documentation

**RENEWAL GRANT APPLICATION FOR EDUCATION**

**INSTRUCTIONS:**

In order to apply for funding from the Claims Conference Rabbi Israel Miller Fund for Shoah Education, Research, and Documentation, please complete the following application form in its entirety. The deadline for submission of completed applications can be found on our website: <http://www.claimscon.org/for-agencies/application/>.

**For Organizations in Israel:**

The application must be submitted **electronically** to [REDisrael@claimscon.org](mailto:REDisrael@claimscon.org)

For all applications for which attachments cannot be sent electronically, hard copies must be mailed to: Mr. Zvi Inbar, Senior Consultant on Allocations, Claims Conference, Beit Haumot, 101 Derech Hevron, Talpiot, Jerusalem 93480

**For Organizations in All Other Countries:**

The application must be submitted **electronically** to [REDapplications@claimscon.org](mailto:REDapplications@claimscon.org)

For all applications for which attachments cannot be sent electronically, hard copies must be mailed to: Claims Conference, 1359 Broadway, Suite 2000, New York, NY 10018, Attn: Miriam Weiner, Director of Allocations.

Please pay attention to the page limitations that are listed in the application. Submissions made for the April deadline will receive a decision in the late fall, and submissions made for the October deadline will receive a decision in the following spring. If your application is approved for funding, you will receive an Allocation Letter outlining the amount and purpose of the grant as well as your rights and obligations as a grantee.

In addition, please note that the Claims Conference will consider funding only up to 50% of any project cost. You will need to indicate other sources of funding for at least 50% of the budget. Should a grant be awarded, you will be required to complete a revised project budget form, which details the breakdown of the project’s expenses, for Claims Conference approval. Grant recipients are required to publicly indicate the involvement of the Claims Conference in the funding of the project. In order to receive grant funds, copies of all paid receipts and/or paid invoices associated with the grant request must be submitted to the Claims Conference together with Claims Conference reporting forms. Funding is typically released in the form of reimbursement of expenses incurred. We cannot consider expenses incurred prior to our Board decision date.

Please review the [General Guidelines for the Institutional Allocations Program](http://www.claimscon.org/for-agencies/application/guidelines/), and if relevant, [Specific Guidelines for Educator Training](http://www.claimscon.org/for-agencies/application/guidelines/ed-training/) and [Specific Guidelines for Educational Materials and Curriculum](http://www.claimscon.org/for-agencies/application/guidelines/ed-guide/).

If you have any questions regarding this application form, please contact our office in New York at 646-485-2058 or our office in Jerusalem at 02-6712711.

**Part I. General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of organization* | |  | |
|  | | | |
| *Address* | *City, State, Zip* | | |
|  |  | | |
| *Mailing Address (if different from above)* |  | *Web site* | |
|  | |  | |
| *Director of organization* | *Title* |  | |
|  |  |  |  |
| *Phone* | *Fax* | *E-mail* |  |
|  |  |  | |
| *Name of contact for project* | *Title* |  |  |
|  |  |  |  |
| *Phone* | *Fax* | *E-mail* |  |
|  |  |  | |

**Applications will only be accepted from not-for-profit organizations.**

**Attach documentation of non-profit status and tax ID exemption number.**

|  |  |
| --- | --- |
| Title of project: |  |

**Category of Education Project (please check one):**

**Education**

Curriculum Development & Educational Materials

Educational Programs

Educational Visits

Youth Groups

Security Forces

Educator Training

with Educational Visits

without Educational Visits

Education – Other

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total projected budget[[1]](#footnote-1)\* for project: | |  | Requested from Claims Conference: | | |  |  | |
|  | | | | | | |
| Proposed date project will begin: |  | | | Proposed duration of project: |  | |
| *Please indicate whether project will be deferred pending date of Claims Conference approval.* | | | | | | |
| If you have received a previous Application (Grant) number from the Claims Conference, please provide the Grant Number and name of most recent project:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |

### Part II. Organization Information

1. Indicate any significant organizational changes or additions made to the purpose and activities of your organization.
2. How many people did your organization serve through its programming in the past year?

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Organization’s current annual budget[[2]](#footnote-2)\*: |  |  |  |
| year |  | amount in currency |

1. List of board members and professionals holding major positions within the organization. If applicable, list members of staff or board that may have a conflict of interest with the Claims Conference (e.g. if they are also members of the Claims Conference board.)
2. Please provide copies of the following documents:
   1. the organization’s latest audited financial statement
   2. curriculum vitae of project director and senior staff
   3. annual report
3. Indicate special qualifications of your organization and staff to effectively implement this project. (up to 5 lines)

**Part III. Summary of Project Content and Objectives**

Please answer each of the questions below. The answers should be concise and should be limited to a total of 3 pages. If necessary, more detailed information can be added as an attachment.

1. Specific objectives of the project (in bullet points) and demonstrated need to continue this project.
2. An outline of the following:
3. Detailed description of proposed project, including project stages, schedule and a brief explanation on how you plan to carry out each step. Provide samples from previous year and schedule for upcoming year, if applicable.
4. Expected results and effects
5. If you have made changes to this project since your last application, please describe.
6. Description and size of the specific target group(s) for this project
7. Summarize the accomplishments of this project to date. How do you define success?
8. From implementation thus far, describe conclusions; lessons learned; and indicate the modification/improvement needed. Provide your assessment of the project thus far. Include:

* Feedback from participants
* Assessment by staff
* Conclusions and lessons learned

1. If a formal evaluation was conducted, provide a copy of the results. Was the evaluation conducted internally or externally?
   1. An outline of your proposed method for evaluation of the project including:
   2. Definition of goals and project success
   3. Evaluation method and timeline
2. Personnel responsible for project evaluation.
3. A description of the manner(s) in which you have publicly indicated the involvement of the Claims Conference in the funding of the project. Please provide copies of materials, pamphlets, photos, etc. with Claims Conference logo.

### Part IV. Project Details (complete the applicable project category section)

* **Curriculum Development and Educational Materials:**
  1. Explain the distribution and use of materials produced thus far (e.g., publication, online availability, etc.) and your distribution plan for the future.
  2. Describe the materials that will be produced.
  3. Explain:
     1. The steps taken to ensure that similar materials do not already exist
     2. The uniqueness of your project
     3. Who has expressed the need for your project
  4. Specify if there is government/education ministry support or approval for the project.
* **Educational Programs:**
  1. Attach information from the program implemented in the previous year and the results of the feedback/assessment.
  2. What educational materials will be distributed for this program, if any?
  3. Does this program implement government mandated syllabus requirements (if relevant)?
  4. Indicate preparation for participants in the program (e.g. materials given to teachers prior to program).
  5. Describe the need/demand for this program.
  6. What is your method of recruitment/selection for participants of this program?
* **Educational Visits:**
  1. Attach the proposed itinerary of the visit, the educational rationale for each site and indicate the time dedicated to reflection and discussion.
  2. What is your method of recruitment/selection for participants of this program?
  3. List of required reading materials to prepare for the trip
  4. Agenda and details of preparatory sessions including time dedicated for reflection and discussion.
  5. Plans for follow-up and mentoring of participants
  6. List the trip leaders/guides and their Holocaust expertise
* **Educator Training Programs:**
  1. What are the minimal acceptance criteria for the participants, including in terms of prior Holocaust training and prior pedagogic training?
  2. Attach the program of the course, seminar or workshop; include the schedule, lecture/discussion themes, reading assignments, media presentations, etc.
  3. Is the study of the Holocaust a government mandated requirement and, if so, how does this project help fulfill those requirements?
  4. List the seminar educators, lecturers, presenters, guides, consultants and their expertise in Holocaust content and/or pedagogy.
  5. Indicate plans for follow up and mentoring of participants, including follow up and mentoring of participants to date.
  6. Will lectures and materials developed as part of this program be made more widely accessible? Will videotaped sessions be made accessible online? If not, provide an explanation.
  7. If the Training Program includes a visit to sites or countries of Nazi atrocities:

Provide the schedule, educational rationale of the program, and specify the time dedicated for pedagogic instruction and reflection.

**Part V. Letters of Recommendation from Independent Scholars**

You must submit new letters of recommendation from two scholars or professionals (**not from the applying institution and not involved in the project**) who can provide information on the suitability of the personnel and the merit and feasibility of this project. The letters of recommendation must be different from previous application. When possible, please arrange for these letters to be sent from the scholars or professionals directly to the Claims Conference at the email or mailing address indicated on the first page of this application. Otherwise, please attach.

Note: No honorarium may be provided by applying institution to recommender.

**Part VI. Detailed Breakdown of Proposed Project Budget**

* The budget proposal should include a **breakdown** of each budgetary line and explain the **mathematical calculation** of the total figure for each budget line. (Example: “travel” may be calculated as 2 flights x $100/flight = $200.)
* Programmatic Staff is defined as individuals directly involved with the project.
* No more than 10% of the budget may be directed toward administrative staff and administrative-related expenses combined.

## **Table I. Projected Budget[[3]](#footnote-3)\*** (If necessary, use a separate page.)

|  |  |
| --- | --- |
| Period |  |

|  |  |  |
| --- | --- | --- |
| Budget Item | Calculation | Total\* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Evaluation |  |  |
| Programmatic Staff Salaries | (detail in Table II if relevant) |  |
| Administrative Staff Salaries | (detail in Table II if relevant) |  |
| Consultants | (detail in Table III if relevant) |  |
| **Total** |  |  |
| **Requested from Claims Conference** | (up to 50%) |  |

**Project Personnel**

* Please complete the three tables below if salaries are included in the project budget not on Table I. Then enter the total salary into Table I.
* Specify the title of the position even if the name is not available at this stage. Please be sure to complete separate tables for staff on the regular payroll of the institution (Table II) and consultants or staff hired specifically for the project (Table III).

###### Table II. Regular Employees

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** |
| **Name** | **Job Title** | **Role in Project** | **Full-time or Part-time employee?** | **Total Annual Salary[[4]](#footnote-4)\*** | **Percentage of working time devoted to project** | **Project-related share of salary (E) x (F)** |
| **Programmatic Staff** – directly involved in the project | | | | | | |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| Total Programmatic Staff (enter this amount in Budget Proposal, Table I) | | | | | |  |
| **Administrative Staff** – administrative staff and administrative-related expenses \*  \*No more than 10% of the budget may be directed toward administrative staff and administrative-related expenses combined. | | | | | | |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| Total Administrative Staff (enter this amount in Budget Proposal, Table I) | | | | | |  |

# Table III. Consultants and/or Staff Hired Specifically for the Project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** |
| **Name** | **Job Title** | **Role in Project** | **Full-time or Part-time?** | **If Part-time, number of hours spent on project per month and number of months** | **Total Project Related Salary[[5]](#footnote-5)\*** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| Total Consultants and/or Project-Specific Staff  (enter this amount in Budget Proposal, Table I) | | | | |  |

**Other Funding Sources**

Please complete the following table listing other sources of funding, specifying whether each has been committed or as yet only requested. For funds already committed, please provide written confirmation from the grantor. If your country has a restitution fund, have you applied for funding? If yes, please indicate below. If not, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note that the Claims Conference will consider funding a maximum of 50% of any project cost. **You must therefore indicate in the table below other sources of funding for at least 50% of the budget.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sources** | **Name of Grantor** | **Amount\*** | **Date Requested** | **Date Committed** |
| Applying Institution |  |  |  |  |
| Government |  |  |  |  |
| Foundation |  |  |  |  |
| Individuals |  |  |  |  |
| Participants/  Tuition fees |  |  |  |  |
| Other |  |  |  |  |
| TOTAL |  |  |  |  |

### Part VII. Certification

**(To be signed by the President/Chairperson of the applying body)**

I hereby certify that the statements contained herein and in the attached pages are true and correct:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Title: |  |
|  | | | |
| Name (print): |  | Date: |  |
|  | | | |

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**CHECKLIST FOR ATTACHMENTS**

**Certificate of nonprofit status (for Israel, also attach certificate of “nihul takin”)**

**Latest audited financial statement**

**CV of professional staff implementing this project**

**Annual report**

**Letters of Recommendation from 2 independent scholars/professionals**

**Independent scholars/professionals will send directly to Claims Conference**

**Attached**

**Documents related to Part IV of the application, as necessary**

**NOTE: THE CLAIMS CONFERENCE WILL NOT PROCESS APPLICATIONS WHICH ARE INCOMPLETE, NOT IN ACCORDANCE WITH THIS APPLICATION FORM, OR WHICH LACK ANY REQUIRED DOCUMENTATION (E.G. CERTIFICATE OF NONPROFIT STATUS, AUDITED FINANCIAL STATEMENT, ETC.).**

1. \* **For countries other than the U.S.**, please indicate your budgetary information in local currency **only if** it is EUR or ILS. Otherwise, all budgetary information **must** be provided in USD. [↑](#footnote-ref-1)
2. \* **For countries other than the U.S.**, please indicate your budgetary information in local currency **only if** it is EUR or ILS. Otherwise, all budgetary information **must** be provided in USD. [↑](#footnote-ref-2)
3. \* **For countries other than the U.S.**, please indicate your budgetary information in local currency **only if** it is EUR or ILS. Otherwise, all budgetary information **must** be provided in USD. [↑](#footnote-ref-3)
4. \* **For countries other than the U.S.**, please indicate your budgetary information in local currency **only if** it is EUR or ILS. Otherwise, all budgetary information **must** be provided in USD. [↑](#footnote-ref-4)
5. \* **For countries other than the U.S.**, please indicate your budgetary information in local currency **only if** it is EUR or ILS. Otherwise, all budgetary information **must** be provided in USD. [↑](#footnote-ref-5)