**Gerson Innovation Grant Application and Guidelines**

***Fall 2025 Cycle***

The purpose of the Byron & Dorothy Gerson Innovation Fund is to foster a culture of innovation, entrepreneurship, and creativity within Detroit’s Jewish community by supporting new programs, pilots, and initiatives. These programs should meet pressing community needs, engage or support the Jewish community, and do not yet have established funding models or dedicated donors to underwrite them.

**Guidelines**

* There are two annual cycles of the Gerson Innovation Fund, and organizations may submit up to one application per cycle.
* Organizations may apply for innovation grants between $10,000-$35,000.
* No more than 20% of the grant request may be used toward staff costs.
* The committee considers the following criteria when reviewing grant requests:
  + Innovative or entrepreneurial
  + Potential impact on the Detroit Jewish community
  + Meeting a pressing unmet need
  + Engages or supports the Detroit Jewish community
  + Viability of implementation
* The grant application must be completed and submitted by the professional who will be implementing the proposal.
* Funding will be available for 12 months from when the grant is awarded, unless a later program timeframe is requested at the time of application. Any unused funds at the end of the program or one year period must be returned.

**Eligibility**

* Any 501(c)(3) non-profit organization primarily serving the Jewish community of metropolitan Detroit is eligible to apply, excluding synagogues and religious outreach organizations.
* Synagogues and outreach organizations, such as Chabads, are encouraged to apply to the Hermelin Davidson Center for Congregational Excellence. Contact Ashley Schnaar-Morof at schnaar@jewishdetroit.org or (248) 205-2537 with any questions.

**Timeline**

* Application Deadline: Thursday, September 18, 2025
* Presentations: Thursday, October 30, 2025
  + Finalists will be invited to present to the committee in person for 10 minutes, 5 minutes for the presentation and 5 minutes for committee questions.
* Award Notification: by November 3, 2025
* Reporting: Grantees must submit a post-program evaluation form within 60 days of project completion.

**Upload the completed application to** [**jewishdetroit.org/gerson**](https://jewishdetroit.org/gerson) **by Thursday, September 18.**

**Gerson Innovation Fund Grant Application**

***Fall 2025 Cycle***

Please complete all sections, including the budget at the end. **Upload the completed application to jewishdetroit.org/gerson.** Please contact Ashley Schnaar-Morof at [schnaar@jewishdetroit.org](mailto:schnaar@jfmd.org) or (248) 205-2537 with any questions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** |  | | | | | | | |
| **Proposal Name** |  | | | | | | | |
|  |  | |  | |  | | |  |
|  | **Grant Request** | | $ | | **Total Budget** | | | $ |
|  |  | |  | |  | | |  |
| **One Sentence Summary** | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
| **Lead Staff** |  | | | **Phone** | |  | | |
| **Title** |  | | | **Email** | |  | | |
|  |  | | |  | | |  | |
| **Did the applicant organization’s CEO/ED review and approve this proposal as written?** | | | |  | | |
| **If invited to present, are you or a representative able to present to the selection committee on October 30?** | | | |  | | |

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| **Summary**  *Share a summary of the request, intended impact, and what makes it unique, innovative, or entrepreneurial. No more than 500 words.* |
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| **Goals**  *List goals and objectives. For each one, describe how success will be evaluated.* |
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| **Collaboration**  *List any potential partners and their project roles.* |
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**Budget**

*Please fill in the budget with line items relevant to your proposal, deleting and/or replacing expenses and revenue as appropriate.*

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| --- | --- | --- |
| **Expenses** | **Request from Gerson Fund** | **Total Expense** |
| Marketing |  |  |
| Supplies |  |  |
| Venue/Space Rental |  |  |
| Food |  |  |
| Speaker fees, Consultant, etc. |  |  |
| Staff Compensation (inc. taxes, benefits – no more than 20% of total amount requested) |  |  |
| Additional Security Cost |  |  |
| Additional Insurance (Please specify): |  |  |
| Other (Please specify): |  |  |
|  |  |  |
|  |  |  |
| **Total Expenses** |  |  |
|  | | |
| **Revenue** |  |
| Byron & Dorothy Gerson Innovation Fund Grant |  |
| Program Participant Fees |  |
|  |  |
|  |  |
| **Total Revenue** |  |