



MILWAUKEE
JEWISH FEDERATION

Synagogue Security Guard Grant Program 2023-24 Application

*Participating synagogues located in Kenosha, Racine, Milwaukee, Ozaukee, Sheboygan, and Waukesha Counties will be reimbursed up to \$5,000 for security personnel. Participating synagogues located in other Wisconsin counties will be reimbursed up to \$2,500 for security personnel. Submit this application to Wendy Zeller, Administrative Coordinator, Milwaukee Jewish Federation, 1360 N. Prospect Ave., Milwaukee, WI 53202 or to WendyZ@MilwaukeeJewish.org. For more information, email or call Wendy at 414-390-5771. **The deadline for submitting this application is August 31, 2023.***

Synagogue Information

Synagogue Name _____

Street Address _____

City/State/ZIP _____

Is your synagogue located in a residential building? Yes No

Have you received security grant funding in the last 36 months (This includes FEMA NSGP grants, Federation grants, or other resources)? Yes No If yes, how was/will it be used?

Do you currently have funds available from an NSGP grant for guard funding? Yes No If yes, how will it be used?

Do you currently use security personnel? Yes No If yes, how is it funded?

Has your synagogue had a Security Assessment conducted after January 1st, 2020. Yes, please provide date of assessment and who provided _____

No (Contact Security@milwaukeejewish.org to schedule an assessment)

PLEASE PROVIDE YOUR BUILDING'S MOST RECENT FLOOR PLANS TO SECURITY@MILWAUKEEJEWISH.ORG (IF AVAILABLE, AND NOT PREVIOUSLY SUBMITTED)

Administrative and Emergency Contact Information (Used for updating our emergency contact database)

Primary Contact Name _____ Title _____

Email _____ Cell _____

Secondary Contact Name _____ Title _____

Email _____ Cell _____

Disclaimer and Signature of Applicant's Authorized Official

Date Received _____

I certify that my answers are true and complete to the best of my knowledge. I agree to allow a representative from the Milwaukee Jewish Federation access to my building, for the purpose of inspection, audit, and examination, to any books, documents, papers, and records of the grantee which are related to this request. I understand that failure to submit any requested information may result in termination of the grant. By way of signature, I agree with all the conditions of this grant program.

Name _____ Title _____

Signature _____ Date _____