



**MILWAUKEE**  
JEWISH FEDERATION

# Synagogue Security Guard Grant Program 2024-25 Application

*Participating synagogues Statewide will be reimbursed up to \$5,000 for security personnel. Submit this application to Alex Poylov, Security and Community Properties Program Manager, Milwaukee Jewish Federation, 1360 N. Prospect Ave., Milwaukee, WI 53202 or to [AlexP@MilwaukeeJewish.org](mailto:AlexP@MilwaukeeJewish.org). For more information, email or call Wendy at 414-390-5748. **The deadline for submitting this application is October 31<sup>st</sup>, 2024.***

## 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 1<sup>st</sup>, 2021.  Yes, please provide date of assessment and who provided \_\_\_\_\_

No (Contact [Security@milwaukeejewish.org](mailto:Security@milwaukeejewish.org) to schedule an assessment)

PLEASE PROVIDE YOUR BUILDING'S MOST RECENT FLOOR PLANS TO [SECURITY@MILWAUKEEJEWISH.ORG](mailto: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 \_\_\_\_\_