



# Synagogue Security Guard Grant Program

## 2025-26 Application

Participating synagogues Statewide will be awarded up to \$5,000 for security personnel. Submit this application to Wendy Zeller, Milwaukee Jewish Federation, 1360 N. Prospect Ave., Milwaukee, WI 53202 or to [WendyZ@MilwaukeeJewish.org](mailto:WendyZ@MilwaukeeJewish.org). For more information, email or call Wendy at 414-390-5771. **The deadline for submitting this application is July 31<sup>st</sup>, 2025.**

### Synagogue Information

Synagogue \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Have you received security grant funding in the last 24 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/ other grant dollars 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?

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

Please list your approximate total security expenses from last year (July 2024-June 2025):

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

Please list your estimated total security expenses for the upcoming year (July 2025-June 2026):

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

Has your synagogue had a Security Assessment conducted after July 1<sup>st</sup>, 2022.  Yes, please provide date of assessment and who provided \_\_\_\_\_

No (Contact [Info@JewishSecurityWI.org](mailto:Info@JewishSecurityWI.org) to schedule an assessment)

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

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 \_\_\_\_\_