



Junior League of McAllen, Inc.

**Community Assistance Fund
GRANT APPLICATION**

REQUEST FOR PROPOSAL

Deadline:

March 12, 2024

For 2024 Distribution

Physical Address

Junior League of McAllen

514 E. Dove Ave.

McAllen, Texas 78504

Mailing Address

Junior League of McAllen

P.O. BOX 3004

McAllen, TX 78502-3004

COMMUNITY ASSISTANCE FUND

This Project Summary serves as your proposal for the Junior League of McAllen's Community Assistance Fund Grant. Therefore, it is imperative that the questions be completed as concisely as possible in the space provided.

The Community Assistance Fund allows JLM to respond to the immediate needs of eligible nonprofit agencies in the Community. The funds should be used in the McAllen area and the nonprofit agency that is applying must have local representation. The request shall not be used for religious instruction or training, fundraising donations/expenses or political activities. Please keep in mind that the funds available for distribution are limited, therefore some requests may not be approved. Applicants may request between \$500 and \$5,000 for the current Junior League year.

Please return application to Junior League of McAllen, P.O. Box 3004, McAllen, TX 78502-3004 or briroxalfaro@gmail.com by 11:59 P.M. on Friday, March 12, 2024.

Please initial and sign below.

_____ I understand that the Community Assistance Fund Grant should be turned in by email or in person no later than 11:59 pm on Friday, March 12, 2024.

_____ I understand that the Community Assistance Fund Grant money should be used within 90 days of receiving a check.

_____ I understand that if my grant application gets approved, our organization will have to present at the Junior League of McAllen's Annual May meeting to be tentatively held on Thursday, May 9, 2024.

_____ I understand the Community Assistance Fund Grant cannot be used to pay salaries or compensation for worked hours.

_____ I attest that all information provided is answered correctly to the best of my knowledge.

Signature

Date

COMMUNITY ASSISTANCE FUND

ORGANIZATION NAME: _____

CONTACT NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

AGENCY / ORGANIZATION'S MAJOR FIELD OF SERVICES: _____

NON-PROFIT STATUS: ____ Yes ____ No ____ In Process

**Please submit proof of non-profit status with application.*

Tax Exempt Number _____

Sponsor's Number (if applicable) _____

Funds Requested	
Project Dates	
Years in Business	
Main Staff Person (Name & Title)	
Children Served	
McAllen Percentage	
Total Annual Expenses	
Partial Funding Implementation	(circle one) Yes or No

COMMUNITY ASSISTANCE FUND

A. Organization Purpose:

B. Program Description:

C. Project Summary:

D. How will you measure the success of the project?

COMMUNITY ASSISTANCE FUND

E. If the Junior League of McAllen cannot fund your entire request, how will the program be executed? If partial funding is available, how would funds be applied?

F. Please provide a break down of requested funds:

ITEM	ESTIMATED COST
TOTAL AMOUNT:	

The Project Summary should be signed by both a Board Official and the Chief Executive Officer/Project Director of the lead agency submitting a proposal.

Board Official (*Print Name*)

Executive/Project Director (*Print Name*)

Board Official (*Signature*)

Executive/Project Director (*Signature*)

Date

Date