



**Junior League of McAllen, Inc.**

**Community Assistance Fund  
GRANT APPLICATION**

**REQUEST FOR PROPOSAL**

Deadline:

**5:00PM, Friday, March 4, 2022**

For 2021-2022 Distribution

## 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: [finance@juniorleaguemcallen.org](mailto:finance@juniorleaguemcallen.org) AND [communications@juniorleaguemcallen.org](mailto:communications@juniorleaguemcallen.org) by **5:00 P.M. on Friday, March 4, 2022.****

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 5:00 pm on Friday, March 4, 2022.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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) \_\_\_\_\_

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

# 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
<b>TOTAL AMOUNT:</b>	

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