



COMMUNITY ASSISTANCE FUND APPLICATION

DATE SUBMITTED: _____

The purpose of the Community Assistance Fund is to respond financially to critical needs in the community without project involvement. The Community Assistance Fund will assist non-profit agencies in the Amarillo area in meeting specific needs which affect life, health, or well-being and must be acted on immediately. Community Assistance Fund monies will be available to the community at any time during the fiscal year (July 1 – June 30); however, an agency may receive funds only one time during a fiscal year.

In order to assist the Community Coordinating Committee in evaluating your request, please complete the following application and return to:

Community Vice President
Junior League of Amarillo
1700 S. Polk
Amarillo, Texas 79102-3151

Please refer to the attached guidelines PRIOR to completing your application.

NAME OF ORGANIZATION: _____

ADDRESS: _____ ZIP CODE: _____

EXECUTIVE DIRECTOR: _____ PHONE: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

CHAIRMAN OF BOARD OF DIRECTORS: _____

PHONE: _____

AMOUNT BEING REQUESTED: _____

PURPOSE FOR WHICH MONEY WILL BE USED (Please be specific)

Can this program be included in your agency's budget in the future? _____

What will be your measure of success for the project? _____

**PLEASE INCLUDE ONLY THE FOLLOWING SUPPORTIVE MATERIALS WITH YOUR APPLICATION.
WITHOUT ALL OF THE FOLLOWING MATERIALS, WE CANNOT CONSIDER YOUR APPLICATION.**

CHECKLIST FOR ATTACHMENTS (6 items – Please do NOT staple pages)

- Statement of Purpose
- List of Board of Directors and its Committee
- Current and prior year’s budget (the portion that this project applies to)
- Most recent year-end and most recent financial statement
- Most recent IRS form 990
- A copy of your 501(c)(3) IRS Authorization Permit

*If further information is needed, we will request it.

AGENCY STAFFING

How many paid employees? _____

Are volunteers used in your organization? Yes No

How many? _____ How are they used? _____

REQUEST FOR ASSISTANCE

Purpose for which money will be used? _____

What groups will be your primary clients? _____

What geographical areas will be primarily involved? _____

How will clients receive the service? _____

In what time period? _____

Why does this need to addressed now? _____

How will this assistance provide lasting benefits for the community? _____

AGENCY NAME: _____

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PROPOSED TOTAL COST

Total cost of providing good and services: \$ _____

Amount requested: \$ _____

Have you ever requested or received other assistance form the Junior League of Amarillo?

Yes No If so, when? _____

Other sources of funding for this request: _____

DATE: _____

Signature: Chairman, Board of Directors

Signature: Executive Director