

Junior League of Odessa, Inc.

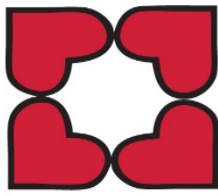
“Together We Touch the Heart of Odessa”

COMMUNITY ASSISTANCE FUND

A grant through the Community Assistance Fund of the Junior League of Odessa, Inc. is available to Odessa charitable organizations.

The following guidelines should be followed:

1. The application must be written.
2. The applicant must have 501(c)3 or 501(c)6 status and provide proof of certification.
3. The proposal must fit current JLO Position Statements.
4. The project must have a humanitarian purpose and meet a critical need in our community and significantly impact residents of Ector County.
5. The request must be for a specified use of funds.
6. There shall be a \$5,000 limit per project.
7. Requests for funding for the following will not be considered by the committee:
 - a. League project with current JLO monies.
 - b. Fundraising.
 - c. Sectarian religious projects. However, the League will consider projects of a secular nature sponsored by a religious organization.
 - d. Organizations having received Community Assistance Fund funding must wait 24 months when the check was issued before a new request will be considered.
8. Requests will be evaluated to minimize duplication of services funded by the Junior League of Odessa, Inc.
9. Funding consideration should also include assessment of the current financial condition of the Junior League of Odessa, Inc. and its ability to fund at the time of the application.
10. If the grant is made: Once the funds were spent the requesting organization must submit within 45 days:
 - a. An accounting of how money was spent, including invoices and other necessary documentation.
 - b. Was this project able to achieve it's goal? Describe how: if why not?



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**JUNIOR LEAGUE OF ODESSA, INC.
APPLICATION FOR COMMUNITY ASSISTANCE FUND**

Please type or print the following application and return to:

Community Vice President: Zassar Gatson
Email: community@jlodessa.org
Junior League of Odessa, Inc.
PO Box 7739
Odessa, TX 79760
Phone: 432-332-0095

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____ PHONE # _____

ADDRESS: _____

EMAIL ADDRESS: _____

DO YOU HAVE A 501 C OR 501 C (6) TAX EXEMPT STATUS? _____

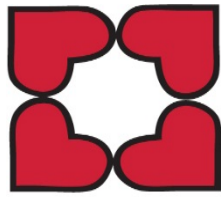
- PLEASE PROVIDE US WITH A COPY OF YOUR CERTIFICATE

WHAT AMOUNT OF MONEY ARE YOU REQUESTING? _____

WHAT IS THE TOTAL COST OF THE PROGRAM/ NEED? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PROJECT:

PLEASE PROVIDE A SPECIFIC BREAKDOWN AS TO HOW THE MONEY WILL BE SPENT:



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COMMUNITY ASSISTANCE FUND

Post Project Report Form

After your project has been completed please complete the form and return it to:

Community Vice President
Junior League of Odessa
community@jlodessa.org

Project Name: _____

Date of Completion: _____

Organization Name: _____

Applicant Name: _____

Funds Allocated: \$ _____

Total Project Expenditures: _____

Please provide a brief description of how JLO funding helped your organization/project: _____

Please attach receipts for all expenditures made with Junior League of Odessa Community Assistance Funds for the project named above (please attach additional sheets).

I certify that the Community Assistance Funds received were used solely as authorized and outlined by the Junior League of Odessa Community Assistance Fund guidelines and requirements.

Applicant Signature: _____ Date: _____

NOTE: Failure to submit this Post Project Report may disqualify your organization from applying for funding in the following application period.