



JUNIOR LEAGUE OF  
**SAVANNAH**

## **Community Assistance Funds Grant Application**

**Please submit completed application to the Community Outreach Chair,  
Ashley Henson at [CommOutreach@jrleaguesav.org](mailto:CommOutreach@jrleaguesav.org).**

The following requirements must be met for an application to be considered:

1. The applicant organization must be a non-profit agency with 501c(3) status.
2. The applicant organization must have a commitment to volunteerism.
3. Funds awarded must be used within the geographic boundaries of the Junior League of Savannah, which include Chatham County, Bryan County, Bulloch County, Effingham County of Georgia along with the South Carolina Low Country which include Beaufort County and Jasper County.
4. The applicant organization must have in place a local Board of Directors and audited financial statement or budget.
5. Organizations currently receiving Junior League support are not eligible for Community Assistance Funds.
6. Application will NOT be accepted for the following funding uses: fund-raising drives, capital campaigns, individual requests, travel expenses, salaries, stipends, political activities, or religious purposes.
7. Applications MUST be received by The Junior League of Savannah at the above address no later than **Friday, March 29, 2024**. Applications received after that date will not be considered.
8. Applicants will be notified in late April 2024.



**Date of Application:**

**Agency | Organization Name:**

**Agency | Organization Address:**

**Agency | Organization Telephone:**

**Contact Person Name and Title:**

**Contact Telephone:**

**Purpose of Agency | Organization:**

**How many paid employees do you have?**

**Current sources of funding** *(please list names of funding sources) :*

**Public**

Federal \$

State \$

Local \$

**Private**

Individual \$

Foundation \$

United Way \$

Other \$

*Describe*

**Income Earned** \$

In-Kind \$

Donations \$



<b>PROJECT INFORMATION</b>	
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Please describe the project for which CAF monies are being requested, including substantiation of need, client group served and size of group served:

How will the money be  
used? \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Amount requested  
from CAF: \_\_\_\_\_

What funding do you already have for this project (including internal resources)?

Other funding sources (and amounts) for which applications have been/will be made concerning this project?

Will you accept partial  
funding?

YES

NO

*If yes, will you be able to obtain additional monies from other sources?*

<b>GENERAL INFORMATION</b>
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How did you hear about the Junior League's Community Assistance Fund?

What else would you like us to know about this project?



**Please include the following required materials with this application:**

1. List names and addresses of your Board of Directors
2. A copy of your 501c(3) IRS authorization letter
3. A copy of your most current audited financial statement.

*If no audited statement is available, please include a copy of each of the following:*

- a. Last year's budget and financial statements
  - b. This year's operating budget with income and expenses to date
4. A breakdown of the budget for this funding request.

Please provide any other information that helps describe your request. Marketing materials are welcome.

The Junior League of Savannah will request further information if necessary.

Date: \_\_\_\_\_

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Executive Director Signature