

## **Community Assistance Fund Application**

Please complete the following and return to:

Junior League of Texarkana, Inc. 4425 Jefferson Avenue, #115 Texarkana, AR 71854 Attn: Community Vice President

Applications are due by the first of the month for consideration of funding during that month. Reapplication may be made if this application is not funded. If funded, re-application may not be made for a 12-month period.

Organization:		Date	
Address:			
Telephone:			
Contact Person:			
Do you have 501(c) (3) Tax Exempt	Status? Yes No	·	
Fed. Tax ID No		_	
Amount of Request			
Project Name/Description:			
Project Budget Explanation:			
Are you approaching other commun	ity agencies for funding	? Yes No	
If so, who?			
Please note that all Comm submitt	unity Assistance Fun ing a sixty-day follov	1 1	onsible for

Signature of Organization Representative



## **Community Assistance Fund Evaluation**

Date of Report:	Date Funded:
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Grantee Organization Name: \_\_\_\_\_

Amount of Grant:\_\_\_\_\_ Program Dates:\_\_\_\_\_

Have there been any changes to your organization's IRS 501 (c) (3) not-for-profit stat	us
since your request for this grant? (Yes or no, if yes please explain.)	

Name and title of Person Completing Evaluation Report:\_\_\_\_\_

1. Outline how the program did or did not reach its original goals. Please explain including statistics and measurable outcomes, whenever possible.

2. In what ways has the Community Assistance grant made your program possible or more successful?

- 3. Attach any printed material relating to your program: press or news items, brochures, letters of support, photographs, etc.
- 4. Provide a brief "human interest" story that helps explain the success of the program.
- 5. Show original budget, as submitted with the grant application, and actual income and expense compared to the original budget.
  - Include a copy of all paid invoices.

Complete and return this evaluation 60 days after receipt of funds.