



## Junior League of Mobile

**Mission**

*The Junior League of Mobile Inc., is an organization of women committed to promoting volunteerism, developing the potential of women, and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.*

**Our Vision**

The Junior League of Mobile will make a measurable impact by enriching our community through support in areas of focus regarding children and education.

### **COMMUNITY ASSISTANCE FUND APPLICATION**

**Date of Application:**

**Name of Organization:**

**Physical Address of Organization:**

**Mailing address of Organization (if different from above):**

**Contact Person/Title:**

**E-mail:**

**Phone number:**

**Fax number:**

**Scheduled board meetings (ex. 1<sup>st</sup> Monday of each month):**

**Mission or purpose of agency:**

**Population served:**

**Tax ID#**

**Amount of Funds Requested:**

**Would you accept partial funding? If so, where will the remaining funds come from?**

**Please describe the impact this funding will have on your organization and/or the community (e.g. number of people affected, needs addressed, etc).**

**Please briefly describe the assistance request and itemize how funds will be spent.**

**Briefly describe how your program/request fits within the JLM mission and focus area(s).**

**Make Check Payable To: \_\_\_\_\_**

**ADDITIONAL INFORMATION REQUIRED FOR EVALUATION OF ASSISTANCE REQUEST:**

- 1. A copy of your agency's IRS letter of determination of tax-exempt status.**
- 2. Fiscal year-end balance sheet and income statement.**
- 3. Program budget (revenues and expenditures by line item).**
- 4. Other sources of projected income.**
- 5. If applicable, proof of public school status.**

**Community Assistance Fund Chair  
Junior League of Mobile  
57 North Sage Avenue  
Mobile, AL. 36607**

**Please mail completed form with appropriate documentation to the address above.**