

# **The Junior League of Shreveport-Bossier, Inc.**

## **Application for Community Assistance Program Grant**

**The Junior League of Shreveport-Bossier, Inc. operates a Community Assistance Program (CAP) Grant whose purpose is to provide monetary grants for short-term critical needs of non-profits in the Shreveport-Bossier area, whose work addresses a critical human need.**

### **Instructions:**

- A. Please type or print in ink.**
- B. Include the following support materials:**
  - a. Statement of purpose of your Agency**
  - b. List of your Board of Directors and its committees**
  - c. Current and prior year's budget sheet and statement of revenues and expenditures (Can also include Income Tax Returns)**
  - d. Most recent IRS form 990**
  - e. A copy of your 501(c)3 IRS Authorization Permit**
  - f. If applicable, three bids to support the amount requested**
- C. Return the completed application and all support material to:**
  - Community Assistance Program**
  - The Junior League of Shreveport-Bossier, Inc.**
  - 2601 Line Avenue**
  - Shreveport, Louisiana 71104**
  - Telephone Number (318) 221-6144**
  - Fax Number (318) 221-4601**
  - Email address: [jrleaguesb@bellsouth.net](mailto:jrleaguesb@bellsouth.net)**

**PLEASE NOTE:** Failure to submit all the support materials listed above may result in a delay in reviewing your application. If you cannot provide one or more of the support materials listed above, please include an explanation in writing with your application. Do not send support materials other than those requested above unless requested to do so and please send copies only; support materials cannot be returned.

## **FUNDING CRITERIA**

The Board of Directors of the Junior League of Shreveport-Bossier, Inc. will consider each of the following criteria in reviewing the application:

1. The Agency's proposed project supports the mission/focus of the JLSB
2. The Agency addresses critical human needs
3. The Agency faces the possibility of a disruption of a program or services
4. The Agency has prospects for continued funding after exhaustion of the CAP Grant funds
5. The Agency has an unforeseen need not covered by its budget or present financial resources
6. The Agency's clients will be significantly impacted by this grant
7. There must be a volunteer component within the Agency
8. The project must benefit the community at large rather than an individual

The Junior League of Shreveport-Bossier, Inc. will *not* consider CAP Grants for the following:

1. Current JLSB Projects
2. Requests from individuals
3. Funding for Religious or Political activities
4. Scholarships, Tuitions or Seminars
5. Staff travel expenses
6. Contributions to capital drives
7. Fundraising donations or expenses
8. Salaries
9. Research
10. Any Agency receiving a CAP Grant within the past 36 months.

**EACH GRANT SHALL BE ASSESSED INDIVIDUALLY ON ITS OWN MERIT.**

**THE REQUEST MUST BE APPROVED BY THE BOARD OF DIRECTORS OF THE JUNIOR LEAGUE OF SHREVEPORT-BOSSIER, INC.**

# COMMUNITY ASSISTANCE PROGRAM APPLICATION

## I. Agency Information (Please type or print)

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_

Purpose for which money will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about the CAP Grant?: \_\_\_\_\_

\_\_\_\_\_

Have you requested funds from the Junior League of Shreveport-Bossier, Inc. in the past? If so, when and for what purpose?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive the funding above?: YES \_\_\_\_\_ NO \_\_\_\_\_

## II. Agency Staffing

The Junior League of Shreveport-Bossier, Inc. is dedicated to benefitting organizations that are committed to volunteer participation.

How many paid employees does the Agency have? \_\_\_\_\_

How many volunteers are currently working in the organization? \_\_\_\_\_

Explain the role of the volunteers in the agency: \_\_\_\_\_

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*Please answer the following questions with the Funding Criteria in mind.*

## III. The Agency addresses critical human needs

A. Information regarding who the Agency serves: \_\_\_\_\_

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B. How many clients does the Agency serve? \_\_\_\_\_

C. Describe the clientele that will be served by this Grant. \_\_\_\_\_

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D. How many clients does the Agency plan to serve with the funds from this Grant? \_\_\_\_\_

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## IV. The Agency faces the possibility of a disruption of a program or service

A. Why does this need have to be addressed now? \_\_\_\_\_

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B. What will be the consequences if the funds for this need are not obtained from the Junior League of Shreveport-Bossier, Inc. or some other source? \_\_\_\_\_

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**V. The Agency has prospects for continued funding**

A. Briefly describe the Agency's funding sources: \_\_\_\_\_

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**VI. An unforeseen need not covered by the Agency's budget or present financial resources**

A. Briefly explain why you need this emergency funding: \_\_\_\_\_

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B. Does the Agency have reserves for this emergency; if so, can the funds be used to address this need; if not, explain: \_\_\_\_\_

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C. What is the total cost of the need or project for which the funds are requested? If the total exceeds \$3,000, from where will the remaining funds come?; \_\_\_\_\_

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D. If necessary, can this expense be included in the Agency's budget in the future?

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**VII. The funds will make a significant impact on the Agency's clients**

A. Briefly describe how the CAP Grant funds will benefit the Agency and the clients: \_\_\_\_\_

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**THIS APPLIATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD AND THE PERSON AUTHORIZED BY THE BOARD TO SIGN CONTRACTUAL AGREEMENTS.**

DATE: \_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Chairman of the Board)

\_\_\_\_\_

(Agency Signature)

\_\_\_\_\_

(Position)