*The Junior Service League of Shawnee*

*PO Box 3036*

*Shawnee, OK 74802-3036*

**Request for Fall Community Grant**

Application Deadline October 16, 2020

Please provide answers to the following questions and return to Junior Service League at the above address or email to angelastuteville@gmail.com. **Your Community Organization must be a 501(c)(3) (if unsure, please see #4 below.)** For questions, contact Angie Stuteville at 405-226-3736 or angelastuteville@gmail.com. If grant is emailed, a confirmation of receipt of grant will be sent by email once the grant is received by the grant committee. If you do not receive a confirmation, please call or email the above contact information.

1. Name and mailing address of the Non-Profit Community Organization requesting funds. *(Check will be made payable to Non-Profit Community Organization name)*
2. Please provide your Employer Identification Number.
3. If you are a 501(c)(3), please provide a copy of your tax exempt letter from the IRS *(A copy will remain on file for future applications).*
4. Per IRS *Instructions for Form 1023,* you may be considered tax exempt under section 501(c)(3) if you receive $5,000 or less per year OR you operate under the umbrella of a 501(c)(3) church, integrated auxiliary of church, or association of church (please provide name of church).
5. Describe the community need to be addressed (please be specific).
6. This request is for:

\_\_\_\_\_ General operating funds

\_\_\_\_\_ Operating funds for a special project

\_\_\_\_\_ Capital Funds

\_\_\_\_\_ Endowment Funds

1. What is the total cost of the project?
2. What amount are you requesting and when are the funds needed?
3. Are other organizations receiving requests of funds for the same program?
4. Date organization was founded?
5. Has your organization requested funds from JSL before?

*I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relation to the request for the information, and such facts are true, correct, and complete.*

Printed Name of Individual Making Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Title of Office Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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