COMMUNITY FUNDS REQUEST FORM

(please use a Gala Grant Application when requesting funds over $500.00)

Organization Name:_____

Address: _____

Contact Name & Phone Number: _____

Tax ID #: _____

1. Project name and brief description:

2. Describe who would benefit from this project:

3. Are other sources of funding being provided? Please list:

4. Does funding encourage matching gifts?

5. Would this project succeed without JCL funding?

Have we contributed to this organization in previous years? If so, what year and amount?