COMMUNITY FUNDS REQUEST FORM

Organization Name:_____

Address:_____

Contact Name & Phone Number:_____

Tax ID #_____   Amount Requesting:_____

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?

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