



JUNIOR LEAGUE
SAVANNAH

Community Assistance Funds Application
2025

Community Assistance Funds Grant Application

Please submit completed application to CommOutreach@jrleaguesav.org (contact: Josie Baker) by Monday, April 7, 2025.

The following requirements must be met for an application to be considered:

1. The applicant organization must be a non-profit agency with 501c(3) status.
2. The applicant organization must have a commitment to volunteerism.
3. Funds awarded must be used within the geographic boundaries of the Junior League of Savannah, which includes Chatham, Bryan, Bulloch, and Effingham Cos., along with the South Carolina Lowcountry counties of Beaufort and Jasper.
4. The applicant organization must have in place a local Board of Directors and audited financial statement or budget.
5. Organizations currently receiving Junior League support are not eligible for Community Assistance Funds.
6. Applications will not be accepted for the following funding uses: fundraising drives, capital campaigns, individual requests, travel expenses, salaries, stipends, political activities, or religious purposes.
7. Applications must be received by the Junior League of Savannah at the above email address no later than **Monday, April 7, 2025**. Applications received after that date will not be considered.
8. Applicants will be notified of the final decision in late April 2024.



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Date of application: _____

Agency/organization name:

Agency/organization telephone number: _____

Contact person and title:

Contact person's telephone number: _____

Purpose of agency/organization:

How many paid employees does the agency/organization have?

Please list names of current funding sources:



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Current sources of funding:

Public: **Federal:** \$ _____

State: \$ _____

Local: \$ _____

Private: **Individual:** \$ _____

Foundation: \$ _____

United Way: \$ _____

Other: \$ _____

Please describe "Other"

Income earned: \$ _____

In-Kind: \$ _____

Donations: \$ _____



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How will the money be used?

Total project cost: \$ _____

Amount requested from Community Assistance Funds: \$ _____

What funding does the agency/organization already have for this project (including internal resources)?

What other funding sources and amounts have been - or will be - applied for concerning this project?

Will the agency/organization accept partial funding?



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_____ Yes _____ No

If yes, will the agency/organization be able to obtain additional monies from other sources?

General Information:

How did the agency/organization hear about the Junior League of Savannah's Community Assistance Fund?

What else would you like the Junior League of Savannah to know about this project?



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Additional Information:

Please include the following required materials with this application:

1. Names and addresses of the agency/organization's Board of Directors
2. A copy of the agency/organization's 501c(3) IRS authorization letter
3. A breakdown of the budget for this funding request
4. A copy of the agency/organization's most current audited financial statement
 - If no audited statement is available, please include a copy of each of the following:
 - Last year's budget and financial statements
 - This year's operating budget with income and expenses to date

Please provide any other information, including marketing materials, that helps describe your request.

The Junior League of Savannah will request additional information if necessary.

Date: _____

Board President's Signature: _____

Executive Directors Signature: _____