



JUNIOR LEAGUE OF
INDIANAPOLIS

Application for JLI Community Assistance Grants

Applicant Information

Organization Name: _____ Date: _____

Address: _____
Street Address

_____ *County* _____ *City* _____ *State* _____ *ZIP Code*

Phone: () _____ FAX: () _____ Website Address: _____

EIN (IRS Tax ID number): _____ Year Established: _____

Operate in Calendar Year or Fiscal Year: _____ Year From: ____/____ to ____/____

Number of Paid Staff: _____ Number of Full-time staff: _____

Number of Volunteers: _____ Number of Part-time staff: _____

Number of Board Members: _____ Number of Board Meetings: _____

Percentage of Board Contributing Annually: _____ Percentage of Board Meeting Attendance: _____

Current Executive Director Term in Years: _____

Contact Information

Name: _____
First _____ *Last*

Phone: () _____ Email Address: _____

FAX: () _____ Position: _____

Section 1 – Organization Summary

Total Monetary Request (please enter request and select one option for funding):
 Requesting \$50,000 and willing to participate in a site visit as well as present project or program at the December General Membership meeting, if selected to do so.
 Requesting from \$5,000 and up to \$10,000 and will not be eligible for more than \$10,000 in grant funding; will not be required to participate in a site visit or present at the December General Membership meeting.

Line A - Total Monetary Request: \$ _____

Line B – Total Organizational Budget for Project Year: \$ _____

Line C – Total Project/Initiative Budget: \$ _____

Line D – Request as percentage of Organizational Budget: (Divide Line A by Line B) % _____

Line E – Request as percentage of Project/Initiative Budget: (Divide Line A by Line C) % _____

Line F – Age of program (indicate if new or years in existence): _____

Line G – Number of TOTAL unduplicated children served by this proposal: # _____

Line H – Number of unduplicated children to be served directly by JLI funding: # _____

Line I – Number unduplicated children served by this proposal living in Marion County: # _____

Line J – Program’s TOTAL cost per participant (Divide Line C by Line G) \$ _____

Line K – Program’s JLI Funded cost per participant (Divide Line C by Line H) \$ _____

County(s) Served by Project: _____

Section 2 – Project Narrative

Narrative Questions – Limited to **THREE** pages. Each page should be single-spaced and use 12 pt. font. Do not amend the table width.

1. **Mission Statement**
2. **Primary Programs and services**
3. **Organization History**
4. **Project Description:** Briefly summarize your project concept. Include information on the specific project for which funding is being requested, the intended impact and estimation of numbers served, description of your target audience, and a brief timeline of activities.
5. **Community Need:** What problem or need does your proposed project/program address? How was the need identified? How is your project innovative? If others in the community are also seeking to address the same need, how is your approach unique?
6. **Impact:** What change do you anticipate as a result of your project? What are your criteria for success and how will you measure the outcomes?
7. **Key Personnel:** Please describe the qualifications of key staff members; utilization of volunteers (if any) and any relevant community partnerships for the specific project for which funding is being requested. Indicate whether these partners are proposed or committed?
8. **Sustainability:** How will this project be sustained outside of a grant from JLI? Provide information on other resources or major funders that are applied for or secured for future funding.

Section 4 – Project Budget

Please use this section to describe the budget for the specific project for which funding is being requested. If you are requesting general operating support, please leave this page blank. You may add line items as needed. Do not exceed one page. Please check only one:

- Organization is requesting project support
 Organization is requesting general operating support (leave this section blank)

Grant Period – Begin Date: _____ End Date: _____

| INCOME | Project Budget | |
|--|----------------------|------------------|
| Earned Income | | |
| Admissions/ticket income | | |
| Fee for services | | |
| Interest/endowment income | | |
| | | |
| | | |
| | | |
| Contributed Income | | |
| Individual contributions | | |
| Corporate contributions | | |
| Foundation support | | |
| Fundraising/special events | | |
| Government income | | |
| JLI | | |
| | | |
| | | |
| | | |
| In-kind goods and services | | |
| TOTAL INCOME | | \$ |
| EXPENSES | Use of Other Funds | Use of JLI Funds |
| Project personnel | | |
| Administrative personnel | | |
| Marketing/PR | | |
| Space rental/Mortgage | | |
| Utilities | | |
| Equipment/Furniture | | |
| Office suppliers/Materials | | |
| Professional fees and contracted labor | | |
| | | |
| | | |
| | | |
| | | |
| In-Kind Goods/Services | | |
| TOTAL EXPENSES | | \$ |
| | PROJECT TOTAL | \$ |

Section 5 – Organization Operating Budget

Please use this section to submit your organization's operating budget for the fiscal year in which JLI funds will be used. Add additional line items as needed. **Do not exceed one page.** If you are requesting the JLI grant for general operating support, please detail how JLI funds will be used in the appropriate column.

Fiscal Year – Begin Date: _____ **End Date:** _____

| INCOME | | Project Budget |
|--|--------------------|---|
| Earned Income | | |
| Admissions/ticket income | | |
| Fee for services | | |
| Interest/endowment income | | |
| | | |
| | | |
| | | |
| Contributed Income | | |
| Individual contributions | | |
| Corporate contributions | | |
| Foundation support | | |
| Fundraising/special events | | |
| Government income | | |
| | | |
| | | |
| | | |
| In-kind goods and services | | |
| TOTAL INCOME | | \$ |
| EXPENSES | Use of Other Funds | Use of JLI Funds (only for orgs requesting general operating support) |
| Project personnel | | |
| Administrative personnel | | |
| Development/Fundraising | | |
| Marketing/PR | | |
| Travel/Transportation | | |
| Space rental/Mortgage | | |
| Utilities | | |
| Equipment/Furniture | | |
| Office suppliers/Materials | | |
| Professional fees and contracted labor | | |
| | | |
| | | |
| | | |
| | | |
| In-Kind Goods/Services | | |
| TOTAL EXPENSES | | \$ |
| PROJECT TOTAL | | \$ |

Section 6 – Budget Narrative (REQUIRED)

Please use this section to explain your project and/or organizational budgets as necessary. Please ensure that it is clear which line item is being discussed. **Do not exceed one page. If left blank, JLI reserves the right to disqualify the application.**

Section 7 – JLI Historical Information

To assist the JLI in determining whether any potential conflict of interest exists, please indicate whether you currently have, or have had in the past three years, any JLI members employed by your organization, volunteering for your organization, or serving on your Board of Directors. (NOTE: Answering “yes” will not disqualify your organization from receiving assistance, but will allow the JLI to ensure that proper screening measures are implemented in reviewing your application, to ensure fairness for all applicants.)

No Yes If yes, please list those individuals, including names and positions.

2. Has your organization ever received funding or volunteers from the JLI? If yes, please indicate dates, amounts, and/or services received.

Section 8 – Signature – This section must be completed by the applicant’s Executive Director.

Signature: _____ Date: _____

Printed Name & Title: _____

COMPLETED APPLICATION AND REQUIRED DOCUMENTATION SHOULD BE SUBMITTED:

**By 5:00pm on October 4th, 2019 by email to grants@jlindy.org and include “2019 CAG Application” in the subject line
Application and required documentation must be saved and attached as 1 PDF**

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED
AND
WILL BE AUTOMATICALLY DISQUALIFIED.**

Questions? Please contact:
Marci Wilz
2019-2020 Grants Chair
Junior League of Indianapolis
grants@jlindy.org

Document must be submitted in Times New Roman – 12