

## **COMMUNITY ASSISTANCE GRANT APPLICATION**

**2019-2020**Due: March 23<sup>rd</sup>, 2020

Form Complete	ed By:				_
Date:/					
Name of Applic	ant:				
League Focus	Area Addresse	d (Check all tha	at apply):		
Social	Services	_	Service	ces to Youth	
Commi	unity Awarenes	s _	Cultur	ral Enrichment	t
Service	e to the Elderly	_	Educa	ation	
Associated Age	ency/Organizati	on:			
Name: _					
	S:				
Phone N	Number:				
Email: _					
Website	e:				
Name o	f Director:				
Is this a tax exe		: agency/organ	ization*? Ye	es	No
Amount of Req levels using se	• •		tion. Organiz	zations may a	apply for multip
5,000	2,500	1,000 _	\$500		
What will the fu	inds be used fo	r? (Please be	specific.)		

Who will benefit from these funds?					
How many citizens will this money affect?					
Have you received funding in the past from the Junior League of Greater Covington? If					
yes, please indicate date(s) and amount(s).					
Please attach any brochures or materials which will be of help to us in considering this					
request.					
To Submit:					

E-mail jlgccommunity@gmail.com

Mail Community Vice President, JLGC P.O. Box 117 Covington, LA 70434

Selection and Notification:
Grants will be given in the following increments: \$5,000-1; \$2,500-2; \$1,000-2; \$500-4.

Applicants will be notified of selection/nonselection no later than April 13<sup>th</sup>, 2020. Grants will be awarded in May.