

**JUNIOR LEAGUE OF BEAUMONT
COMMUNITY ASSISTANCE FUND APPLICATION AGREEMENT**

1. Complete and sign this Application Agreement.
2. Attach all requested information and documentation.
3. **Mail completed Application Agreement, including all requested information to:**

**Junior League of Beaumont
ATTN: CAF CHAIR
2388 McFaddin
Beaumont, TX 77702**

A. Provide Organization's Contact Information:

Organization Name: _____
Address: _____
Contact Person: _____
Email: _____
Phone / Fax: _____

B. Select Application Period Deadline:

CAF Funds are awarded twice each year. Applications must be postmarked by the following deadlines to be considered for each application period. Mark one of the boxes below to indicate the application period for which your application is to be considered:

- Fall CAF Award Application Deadline: October 1
 Spring CAF Award Application Deadline: March 1

C. Provide the Following Information Regarding Your Request:

- Attach a separate sheet or include details in your cover letter.
- Be as specific as possible so that we may properly evaluate your request.

1. Amount of funds you are requesting.
2. Detailed description of the program or need for which you are requesting funds.
3. Detailed description of how and when the funds would be used in the Beaumont community.
4. Explanation of why funds are being requested at this time.

D. Attach copies of the Organization's:

1. Statement of 501(c)(3) tax-exempt status.
2. Current operating budget.
3. List of local Board of Directors.

E. By Signing this Application Agreement, the Organization Agrees to the Following:

1. The Organization will allow an on-site visit by the Junior League of Beaumont CAF Committee, if such a visit is deemed necessary.
2. Upon receiving written notification that the Organization has been awarded a grant, the Organization may (a) submit a receipt to the Junior League of Beaumont for reimbursement, or (b) have the Junior League of Beaumont invoiced directly for item requested in this agreement. The Junior League of Beaumont will not be responsible for any invoiced amounts in excess of the CAF grant award.

Printed Name of Director / Officer

Signature – Director / Officer

Official Title of Person Signing

Date: _____

Printed Name – JLB President

Signature – JLB President

Date: _____