

## COMMUNITY FUNDS REQUEST FORM

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

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?

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