

## 2016-2017 Community Enrichment Grant Guidelines & Requirements

- Applications will be accepted through Friday, January 20, 2017 at 12:00 p.m.
- Funding requests must be for a specific and stated purpose and the application must clearly define plans for use of the funds requested. Priority will be given to submissions with a health and/or wellness-focus. Funds of up to \$10,000 may be awarded.
- The fund award must be used within the following defined Junior League of Oklahoma City geographic service area:

Seward Road to the north; Banner Road to the west; Pottawatomie Road to the east; and Indian Hills Road to the south.

- The following requests shall not be considered for funding:
  - (a) Payroll expenses
  - (b) Political activities or religious instruction
  - (c) Travel expenses
  - (d) Fundraising drives/activities
- Completed applications may be submitted in person at the Junior League of Oklahoma City Headquarters, emailed to <a href="mailto:enrichment@jloc.org">enrichment@jloc.org</a>, or mailed to:

Junior League of Oklahoma City Attn: Community Enrichment/Katie Moore 1001 NW Grand Boulevard Oklahoma City, OK 73118

- An electronic application is available online for your convenience at: https://www.jloc.org/?nd=communityenrichmentgrants.
- All applicants will be notified of results on or before Tuesday, March 7, 2017.
- Grant recipient must submit a written report to the Junior League of Oklahoma City within one (1) year of receiving funds or thirty (30) days after the program is completed, whichever occurs first.
   The report shall include a timeline, information about the program and detailed accounting of how the funds were spent.
- The recipient organization(s) must provide an interim report upon request.
- Questions may be directed to Junior League of Oklahoma City Community Enrichment Chair, Katie Moore, at 405.706.7356 or <a href="mailto:enrichment@jloc.org">enrichment@jloc.org</a>.



## 2016 – 2017 Community Enrichment Grant Application

**DEADLINE FOR SUBMISSION – Friday, January 20, 2017** 

Name of Organization:					
Address:					
City:		State:		Zip:	
Telephone:		Email:			
Primary Contact Name / Title: _					
Please attach a copy of the follo Tax Exempt Status / II Most Recent Audited Current Operating Bu Board Member Name	RS Determination Financials and/o	n Letter or Audit Report	ormation		
Please give a brief history of the	e organization and	d the specific progi	ram/project/ı	need:	
Please state the amount of fund					
Please submit the total budget f	for the program/	project/need and ε	explain:		

Briefly describe the necessity to request the funding at this time:	
Please state the number of individuals that will be impacted by the requested funds:	_
	_
Please provide a schedule as to how/when the requested funds will be spent:	
	_
Submitted by: Date:	

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