

**Fort Bend Junior Service League**

P.O. Box 17387 • Sugar Land, Texas 77496

E-mail: brccom@fbjsl.com • www.fbjsl.com

**Event Beneficiary Application**

**MISSION STATEMENT:**

The Fort Bend Junior Service League is an organization of women committed to promoting volunteerism, to developing the potential of women and to improving the Fort Bend County community through the effective action and leadership of trained volunteers. Our purpose is exclusively educational and charitable as well as providing an atmosphere of friendliness, goodwill and camaraderie for all members.

|  |  |  |
| --- | --- | --- |
| Date Completed |  | |
| Agency Name |  | |
| Contact Person | Telephone Email Address | |
| Mailing Address | Street Address |  |
| Website | Check Mailing Address |  |
| Board Chair | Telephone Email Address |  |

Executive Director Telephone Email Address

**Please check one of the following:**

[ ] New Agency *(no prior relationship with FBJSL)*

[ ] Current or Prior Relationship Agency

Check all that apply and give most recent five date(s) for each type:

[ ] CAF Recipient –

Date(s): Amount(s):

Date(s): Amount(s):

Date(s): Amount(s):

Date(s): Amount(s):

Date(s): Amount(s):

[ ] Event Beneficiary –

Date(s): Amount(s):

Date(s): Amount(s):

Date(s): Amount(s):

Date(s): Amount(s):

Date(s): Amount(s):

***If you have received funds previously through FBJSL, have you submitted a Final Status & Expenditure Report for all funds received?* YES or NO**

***If no, please explain below:***

**FINAL STATUS & EXPENDITURES REPORTS ARE DUE AUGUST 1ST**

**FSRs SHOULD BE EMAILED TO BRCCOM@FBJSL.COM.**

**Please provide the following information about your agency and grant request.**

**NOTE**: FBJSL cannot fund individuals, government agencies, or organizations engaged in political, legislative, or lobbying activities, or religious teachings or instruction. Funding must be used for direct services or items, for specific projects or community needs. Funding will not be provided for indirect services such as administrative costs (i.e., insurance, utilities, office supplies, and advertising expenses) and administrative salaries (i.e., salaries of employees who assist with day-to-day operations of the organization).

1. Describe the Purpose/Mission of your agency:

1. As it specifically relates to your grant request, describe the Program(s) and/or Service(s) provided by your agency:

1. As it specifically relates to your grant request, describe the geographic area(s) and client population(s) served by your agency:

1. (a) State the cumulative amount requested by your agency: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Describe in detail the anticipated use or allocation of grant funds by your agency. If funds are requested for multiple services or items, you should include a breakdown/budget of how the funds will be spent (i.e., $3,000 for 3 new desktop computers, $7,500 for an estimated 750 hours of therapy at $100 per hour, etc.). You are encouraged to attach quotes, estimates, permits, and any other documentation that may be helpful in showing how the funds will be spent.

1. If awarded, how soon do you intend to use or allocate the grant funds? Do you expect to have used or allocated all funds prior to the August 1 deadline to submit a completed FSR?

1. Is your agency willing to accept partial funding? What consequences, if any, to the project or program are anticipated if FBJSL can only partially fund your request? Is there a particular service or item(s) that your agency considers priority and, if so, what is the amount of funding that is needed to cover the priority service or item(s)?

**Please include the following information with your completed application:**

* Current annual operating budget
* Copy of most recent financial statements (audited, if available)
* Copy of current IRS determination letter indicating 501(c)(3) tax-exempt status, along with a statement on your organization’s letterhead signed by the Executive Director that there has been no change in the organization’s tax-exempt status
* Current list of Board of Directors
* If you have additional information or supporting documents related to your funding request (i.e. project budget, replacement cost estimate, etc.) that may be helpful to FBJSL in reviewing your application, please feel free to include it.
* You may include testimonies from your agency supporters and/or participants. Please limit to a maximum of three testimonies.

**AGREEMENTS & ACKNOWLEDGMENTS:**

By signing and submitting this Event Beneficiary application, your agency understands that it is requesting grant funds for specific program expenses and if, for any reason, regardless of fault, awarded funds cannot be used for their intended purpose(s), your agency is required to notify FBJSL, and may be asked to return any such funds. Your agency further understands that use of grant funds for unapproved purposes may result in forfeiture of eligibility for future funding from FBJSL. Your agency also agrees to immediately notify FBJSL if another source funds, or commits to fund, the specific program expenses that are the subject of this application.

If requested, your agency agrees to provide an authorized representative(s) to meet with the FBJSL Beneficiary Review Committee and/or Board of Directors to present and discuss this application.

Your agency understands that a Final Status & Expenditure Report (FSR) for any awarded funds will be due by **August 1, 2022**. The FSR should be emailed to brccom@fbjsl.com.

*Application is hereby made this day of , 2021, for funds in the amount of $ on behalf of:*

Official Name of Agency

Signature of Authorized Agency Representative

Printed Name Title

**If and to the extent that it is approved by FBJSL, this application – combined with the letter of congratulations – will constitute a contract as to how the grant funds may be spent. Regardless of fault, funds that are not spent in accordance with the terms of the contract must be returned to the Fort Bend Junior Service League.**

***Thank you for applying for an Event Beneficiary grant from FBJSL.***