

**Junior League of McAllen, Inc.
Funding Proposal**

Please attach additional pages if necessary to answer these questions.
The more information you provide, the better equipped we are to evaluate your proposal.

Organization _____
Contact Person _____
Telephone _____
Telephone _____
Fax _____
Email _____
Mailing Address _____

1. Is your organization a 501(c)3? Yes No

2. What is the stated purpose of your organization?

3. Please describe the program for which you need funding:

4. Who is the staff person in charge of the program? _____
How will you evaluate the success of the program?

5. How many children and youth does your program serve?
_____ children/youth per _____

6. Approximately, what percentage of the children and youth that are served reside in:
McAllen _____% McAllen plus adjacent communities _____%

7. What are your total yearly expenditures for the program? \$ _____

8. **How much funding are you requesting?** \$ _____

9. If the Junior League of McAllen is only able to PARTIALLY FUND your program or project, will the program or project still be implemented? Yes No
If yes, then how?

