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**P. O. Box 1454**

**Orange, Texas 77631-1454**

**Email: info@serviceleagueoforange.com**

**Community Needs Assistance Application**

I. Organization's Name and address

 Name:

 Address:

 Phone No:

II. Contact Person

 Name:

 Address:

 Phone: Email:

III. Introduction

 This should be a brief statement of who you are, your purpose, and your long- range plan to achieve your goals. Give description of the people eligible for aid from your organization. Include any requirements or restrictions, and a number being served. Indicate whether you are controlled by, related to, connected with, or sponsored by another organization.

**Community Needs Assistance Application**

**IV. Request for Aid**

 **Indicate the amount requested and explain in detail how it will be used. List other organizations, if any, from which you have requested aid.**

V. Future Funding

 What plans have you made for future funding? Is it likely that you will apply for additional league funds?

VI. Attachments

 Please attach the following:

 1. Copy of internal Service Revenue Letter of Certification as a non-profit organization. 501 ( c ) (3)

 2. Copy of organization's Board of Directors

 3. Copy of current annual budget

 4. Copy of previous year's financial statement

 5. Receipts or statement of how Orange Service League grant money is spent

**Community Needs Assistance Application**

 DEADLINE TO RECEIVE COMPLETED APPLICATION IS OCTOBER 1st

**Questions: Contact Tricia Stroud (Vice President) at (409) 277-0474**

**or email** triciastroud.info@gmail.com **or** info@serviceleagueoforange.com

Please Email Completed Application to:

 triciastroud.info@gmail.com, Subject, 2018 SLO Application

 or Mail Completed Application to:

 The Service League of Orange

 Attn: Tricia Stroud - Vice President

 P. O. Box 1454

 Orange, TX 77631-1454

**Community Needs Assistance Application**

LEAGUE USE ONLY - NOT TO BE FILLED OUT BY APPLICANT

VII. Evaluation by Community Needs Committee

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