



## Juneau Community Foundation's Discretionary Grant Application

The Juneau Community Foundation has a limited amount of discretionary funding in the areas of Arts, Culture, Health, Social Services, Parks, Trails, Recreation, Youth, and Education, offered on a rolling basis. The Foundation works to ensure that these limited discretionary grant resources are used to increase and expand opportunities for those who need support the most. **We strongly encourage organizations to apply to [existing grant programs](#) offered through the Foundation.**

If your organization is seeking assistance with raising funds for a specific project, please contact Amy Skilbred, Executive Director, by phone at 907-523-5450 or email [amy@juneaucf.org](mailto:amy@juneaucf.org). to discuss how the Foundation may be able to assist.

### **Grant Guidelines**

- Applicants must be a registered 501(c)(3), a governmental unit (school, hospital, youth shelter), or a religious organization with a non-sectarian program that benefits the public.
- Priority is given to applications from Juneau or Southeast Alaska, and the program you are seeking support for must benefit those living in Juneau or Southeast Alaska.
- Funded programs must be open to all, regardless of race, ethnicity, religion, gender identity, sexual orientation, disability, or nationality.
- We do not fund individuals, medical fundraisers, partisan political activities, athletic or event sponsorships, endowments, or retroactive expenses or activities that occur prior to a grant being awarded.

### **How To Apply**

- Email a completed application form to [grants@juneaucf.org](mailto:grants@juneaucf.org), and a member of our staff will get in touch with you to discuss your request.



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<b>Organization Contact Information</b>	
Organization/ Fiscal Sponsor Name:	
EIN Number:	
Executive Director:	
Contact Name:	
Contact Title:	
Organization Address:	
Contact Phone Number:	
Contact E-mail Address:	

<b>Please provide the following information</b>	
Today's Date:	
Amount Requested:	
Date Funds are Needed:	
Program Total Budget:	
Funding Purpose and Need:	

I certify that the information contained in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date