



Agency Name: _____

Project Name: _____

Project Location: _____

Project Date(s)*: _____

**If the date is flexible, please provide two or three potential dates that work for your organization.*

Contact Person: _____ Title: _____

Email: _____ Phone: _____

Agency Address: _____

Agency Website (if available): _____

Non-profit organization?* YES NO Status _____

**Applicant organization must have 501c(3) status. Funded applicants may be required to provide proof of status.*

What is your organization's mission statement?

Has JLS provided volunteers to your organization through DIAD before? If so, when? If you also received DIAD funding, how much?

Briefly explain the project, including its goals, community need, and history of the project's efforts to date:

Has the program been carried out by your agency before? If YES, what were the results of the program?

What are the demographics of your project's target population?



[Empty rectangular box]

Number of people impacted each year from this project:

Funds needed annually to support this project:

Funding amount requested from the JLS to support this project:

Would you accept partial funding?

YES

NO

Please detail how this funding will be used (attached a proposed budget is desired):

[Empty rectangular box]

How many volunteers are needed?

How will our volunteers be used to carry out this project?

[Empty rectangular box]

Will volunteers be broken into shifts? YES / NO If YES, please include details below:

[Empty rectangular box]

If applicable, describe the community need related to K-12 education this project will fulfill:

[Empty rectangular box]

Submitted By:

Name / Title

Date

On Behalf Of:

Organization