

## **Community Partner Project Application**

Please email completed application to the Community Outreach Chair, Ashley Henson at CommOutreach@jrleaguesav.org.

The following requirements must be met for an application to be considered:

- 1. The applicant organization must fit within our Community Focus, Youth Development.
- 2. The applicant organization must have a commitment to volunteerism.
- 3. Community Partner Projects awards must be used within the geographic boundaries of the Junior League of Savannah, which include Chatham County, Bryan County, Bulloch County, Effingham County of Georgia along with the South Carolina Low Country which include Beaufort County and Jasper County.
- 4. The applicant organization must be a non-profit agency with 501c(3) status.
- 5. The applicant organization must have in place a Board of Directors and audited financial statement or budget.
- 6. Applications will **NOT** be accepted for the following funding uses: fundraising, capital campaigns, individual requests, travel expenses, salaries, stipends, political activities or religious purposes.
- 7. Applications MUST be received by The Junior League of Savannah at the above email no later than **Friday, March 29, 2024**. Applications received after that date will not be considered.
- 8. Applicants will be notified beginning in April/May 2024.

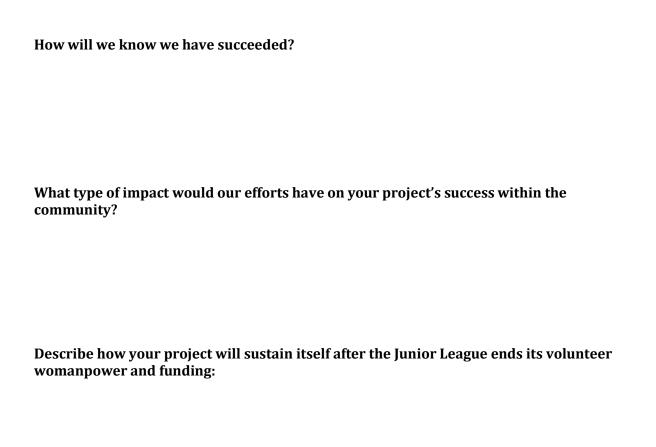


COMMUNITY PARTNER PROJECT APPLICATION						
Agency						
Organization Name: Project Name:						
1 Toject Name.						
Project Location:		<u> </u>	,			
<b>,</b>	City	Stat	e Zip			
Contact Numbers:	,					
	Phone	Fax				
Contact Person:	Name	Title				
	Phone	Email				
6						
Contact Address: (if different from above)		<u>.</u>				
	City	Stat	e Zip			
Non-profit Organization	YES NO Status	;				
J						
Briefly explain the projefforts to date:	ject including its goals, community	need, and	history of the project's			
enorts to date:						
	carried out by your agency before	? If yes, wha	at were the results of			
the program?						
Specifically, who is you	r project's target population?					
y	F,					
Number of people impa	acted each vear?					

## COMMUNITY PARTNER PROJECT APPLICATION

Indicate the dollar amount needed annually for y and the amount you would like the Junior League towards this fund:						
Will you accept partial funding?	NO					
Please indicate how this money will be spent (att	ach a proposed budget):					
Which group or groups give your funding or by w project?	hat means do you currently fund your					
How will our volunteers be used to carry out your project?						
How often would you need our volunteers?	Daily Weekly 2 or 3 times per Month Once a Month Other					
Which days of the week would they be	What time of the day would you need					
needed?  Monday	them?  Mornings					
Tuesday	Early Afternoon					
Wednesday	Late Afternoon					
Thursday	Evenings					
Friday						
Saturday						
Sunday						
How many volunteers will you need?						
What type of special training is needed or preferred for the volunteers?						







## Please include the following required materials with this application:

- 1. List names and addresses of your Board of Directors
- 2. A copy of your 501c(3) IRS authorization letter
- 3. A copy or your most current audited financial statement.

  If no audited statement is available, please include a copy of each of the following:
  - a. Last year's budget and financial statements
  - b. This year's operating budget with income and expenses to date
- 4. A breakdown of the budget for this project.

Please provide any other information that helps describe your request. Marketing materials are welcome.

	Name	Date	
Submitted By:			
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	Signature		
On behalf of:			
	Organization		