



JUNIOR LEAGUE OF
SAVANNAH

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: _____

Project Location: _____

City State Zip

Contact Numbers: _____

Phone Fax

Contact Person: Name Title

Phone Email

Contact Address: _____
(if different from above)

City State Zip

Non-profit
Organization ☐ YES ☐ NO Status _____

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?

Specifically, who is your project's target population?

Number of people impacted each year? _____



Indicate the dollar amount needed annually for your project and the amount you would like the Junior League to contribute towards this fund:

Will you accept partial funding? ☐ YES ☐ NO

Please indicate how this money will be spent (attach a proposed budget):

Which group or groups give your funding or by what means do you currently fund your project?

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 needed?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

What time of the day would you need them?

- ☐ Mornings
- ☐ Early Afternoon
- ☐ Late Afternoon
- ☐ Evenings

How many volunteers will you need?

What type of special training is needed or preferred for the volunteers?

How will we know we have succeeded?

What type of impact would our efforts have on your project's success within the community?

Describe how your project will sustain itself after the Junior League ends its volunteer womanpower and funding:



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 of 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.

Submitted By:

Name

Date

Signature

On behalf of:

Organization