

**Community Project Application**

Junior League of Savannah

P.O. Box 23545

Savannah, GA 31403

Telephone: 912-790-1002

Fax: 912-790-1084

Completed and signed applications may be submitted to the Community Outreach Chair one of the following ways:

Fax: 912-790-1084

Email: [headquarters@jrleaguesav.org](mailto:headquarters@jrleaguesav.org)

Mail: The Junior League of Savannah

P.O. Box 23545

Savannah, GA 31403

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

1. The applicant organization must be a non-profit agency with 501c(3) status.
2. The applicant organization must have a commitment to volunteerism.
3. Community Projects awarded must be used within the geographic boundaries of the Junior League of Savannah, which includes Savannah, Bluffton, South Carolina Low Country and Brunswick.
4. The applicant organization must have in place a Board of Directors and audited financial statement or budget.
5. Applications will NOT be accepted for the following funding uses: fundraising, capital campaigns, individual requests, travel expenses, salaries, stipends, political activities or religious purposes.
6. Applicants will be notified in March 2018.

*Applications must be submitted to JLS Headquarters or via email at* [*headquarters@jrleaguesav.org*](mailto:headquarters@jrleaguesav.org) *no later than* ***November 15, 2017****.*

**The Junior League of Savannah**

P.O. Box 23545

Savannah, GA 31403

Telephone: 912-790-1002

Fax: 912-790-1084

**Community Project Application**

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of your project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would 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 a 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?

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

How will we know we have succeeded?

Describe how your project will sustain itself after the Junior League ends its volunteer manpower 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 or your most current audited financial statement.

*If no audited statement is available, please include a copy of each of the following:*

* 1. Last year’s budget and financial statements
  2. This year’s operating budget with income and expenses to date

1. 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)

On behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Organization)