JUNIOR LEAGUE OF
SAVANNAH

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: CommOutreach@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 2019.

Applications must be submitted to JLS Headquarters or via email at CommOutreach@jrleaguesav.org *no later than* ***December 31, 2018****.*

The Junior League of Savannah
P.O. Box 23545
Savannah, GA 31403
Telephone: 912-790-1002
Fax: 912-790-1084
CommOutreach@jrleaguesav.org

Community Project Application

COMMUNITY 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:

JUNIOR LEAGUE OF SAVANNAH

COMMUNITY PROJECT APPLICATION

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.

Submitted By:

Name Date

Signature

On behalf of:

Organization