



JUNIOR LEAGUE OF  
**SAVANNAH**

## **Community Project Application**

Junior League of Savannah  
P.O. Box 13268  
Savannah, GA 31416  
[CommOutreach@jrleaguesav.org](mailto:CommOutreach@jrleaguesav.org)

Completed and signed applications must be emailed to the Community Outreach Chair, Tosca Morgan.

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 Projects awarded 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 address no later than **Friday, February 26th, 2021**. Applications received after that date will not be considered.
8. Applicants will be notified beginning in late March 2021.



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 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 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.

<b>Submitted By:</b>	<hr/>	
	Name	Date
	<hr/>	
	Signature	
<b>On behalf of:</b>	<hr/>	
	Organization	