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# JUNIOR LEAGUE OF SAN ANGELO

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## PROJECT COLLABORATION APPLICATION

Deadline: October 31, 2018

This application is a request for use of JLSA volunteers and financial support.

All requests must meet the following requirements:

- Projects must not require volunteers to be involved in medical research, political, or religious matters.
- Projects must encompass one of the Junior League's initiatives; Voluntarism, Children, Community, Quality of Life Enhancement, the Elderly, Education, Women and/or Environment.
- If the applicant is a 501(c)(3) non-profit, they must provide their Federal EIN number and board approval of the proposed project.
- Project must include an aspect of volunteer opportunities for JLSA membership.
- Project cannot be solely asking for financial assistance.

Organization Name/Community Member Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of program/project for which the application is being submitted: \_\_\_\_\_

Brief description of the program/project: \_\_\_\_\_

### PROJECT GOALS AND IMPACT

How will this project meet the needs of our community? How will the project be unique to the issues it addresses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The Junior League Vision Statement: Women around the world as catalysts for lasting community change.*

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State all project/program objectives. What will be accomplished as a result of this initiative? How will its success be measured? How many individuals will be affected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will it supplement or extend existing services offered by this or other agencies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the project actually be carried out? (Please be as specific as possible.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEERS**

Number of estimated monthly volunteer hours from JLSA: \_\_\_\_\_

When Needed: (Please circle.)

- |         |           |         |         |
|---------|-----------|---------|---------|
| Summer  | Fall      | Winter  | Spring  |
| Morning | Afternoon | Evening | Weekend |

Specific duties and time requirements? \_\_\_\_\_  
\_\_\_\_\_

Describe the training volunteers would receive. Can you or your organization provide this training for the volunteers? \_\_\_\_\_  
\_\_\_\_\_

Has the project received volunteer support from the JLSA in the past? \_\_\_\_\_  
\_\_\_\_\_

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**TIME FRAME**

State the time frame in which the project will operate: \_\_\_\_\_

Initial Start Date: \_\_\_\_\_

Date JLSA involvement would end: \_\_\_\_\_

Anticipated total life of the project: \_\_\_\_\_

**ADMINISTRATION**

What role would you like the JLSA to play in this project? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A LIST OF THE BOARD OF DIRECTORS FOR YOUR ORGANIZATION (IF APPLICABLE).**

**FINANCES**

Total funds requested from JLSA: \_\_\_\_\_

Has the program/project received financial support from JLSA in the past? \_\_\_\_\_

If so, state the amount of financial support received and when was it received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other financial support requested for this program/project such as other agencies, state grants, federal grants, etc. \_\_\_\_\_

\_\_\_\_\_

List other financial support that is already secured for this project. \_\_\_\_\_

\_\_\_\_\_

**Name of person completing application:**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit applications:** [presidentelect@sajuniorleague.com](mailto:presidentelect@sajuniorleague.com) or  
JLSA Project Research & Development Chair  
P.O. Box 3033  
San Angelo, TX 76902