
JUNIOR LEAGUE OF SAN ANGELO

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PROJECT COLLABORATION APPLICATION

Deadline: January 31, 2020

This application is a request to collaborate with JLSA on a project, including volunteer 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: _____

Is this program/project already in place? If yes, what is the name of program/project?: _____

Briefly describe the program/project: _____

PROJECT GOALS AND IMPACT

How will this program/project meet a need in our community? Will it 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 objectives, milestones, and expected outcomes. How will success be measured?

How many individuals will be affected?

Will it supplement or extend existing services offered by this or other agencies? (If yes, please describe how.)

How will the project be carried out? (Please be as specific as possible.) _____

VOLUNTEERS REQUESTED FROM JLSA

Estimated monthly hours: _____

When Needed: (Check all that apply.)

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

What are the 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 or your organization 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 project such as other agencies, state grants, federal grants, etc.

Is other financial support already secured for this project? (If yes, please list). _____

Name of person completing application:

Printed Name _____ Title _____

Signature _____ Date _____

Submit applications to:

presidentelect@sajuniorleague.com or

JLSA Project Research & Development Chair

P.O. Box 3033

San Angelo, TX 76902