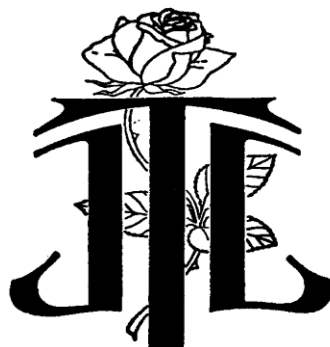


# PROJECT REQUEST FORM JUNIOR LEAGUE OF TYLER, INC.

**2019-2020**



The Junior League of Tyler, Inc., through its Community Coordinating Committee, is accepting requests for project funding and/or volunteer placement from non-profit organizations and community agencies for funding for the year beginning June 1, 2019. The Junior League seeks to impact the community by providing monetary and volunteer support to those projects which address a demonstrated community need, employ rigorous standards of planning and performance, and offer challenging and meaningful volunteer opportunities for its members.

The Junior League of Tyler, Inc. is an organization of women committed to promoting voluntarism and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

This application is now in a word document format and may be saved to a file and completed at your discretion. All project requests for 2019 funding must be received **on or before September 1, 2018**. Early submission of request forms will allow thorough investigation and consideration of the proposed project. Late applications will not be accepted. **Please submit three (3) copies** of the application and required supporting documentation, along with a flash drive containing 5-10 high quality digital photos. We also request that you please e-mail a copy of your application to [sallyiglesias@juniorleagueoftyler.org](mailto:sallyiglesias@juniorleagueoftyler.org). Please note that if your application moves forward in the process, we will request a one-minute video. Inquiries and requests should be directed to:

COMMUNITY COORDINATING COMMITTEE  
JUNIOR LEAGUE OF TYLER, INC.  
1919 S. Donnybrook  
Tyler, Texas 75701  
(903) 595-5426

**JUNIOR LEAGUE OF TYLER, INC.**

# PROJECT REQUEST FORM

*Please answer as briefly and concisely as possible. Long responses may not receive our full attention due to the volume of requests we receive. Thank you for your understanding.*

## SECTION I GENERAL INFORMATION

Agency or Organization: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email contact: \_\_\_\_\_

BRIEF PROJECT DESCRIPTION:

## FUNDING

Amount of money requested from Junior League: \_\_\_\_\_

Date/timetable money needed (on or after June 1, 2019): \_\_\_\_\_

Has the agency submitted a request to JLT for funding within the past 3 years?

YES

NO

If yes, for the stated year, please list the amount requested (if known) and amount granted:

Requested:		Granted:	
2017-2018	\$ _____	2017-2018	\$ _____
2016-2017	\$ _____	2016-2017	\$ _____
2015-2016	\$ _____	2015-2016	\$ _____

## VOLUNTEERS

Total number of volunteers requested from Junior League: \_\_\_\_\_

Due to the number of agencies we fund, as well as our in-League projects, would you be willing to have only one JLT volunteer if that is all we could provide to you?

YES

NO

Did you have a JLT volunteer for the previous year? If so, please provide their brief job description for the previous year.

## **SECTION II PROJECT INFORMATION**

1. What community need will this project meet? Mention surveys or other indications of this need.
  
2. What other community agencies or groups are providing the same or similar services or are attempting to solve the same community problems?
  
3. What role would the Junior League play in this project?
  
4. State your plans for evaluation/appraisal to determine the impact of your requested project.

5. Who is ultimately responsible for the administration of this project?

Individual: \_\_\_\_\_

Title: \_\_\_\_\_

6. How many clients do you expect will be served? \_\_\_\_\_

How are they selected? \_\_\_\_\_

How will the clients receive this service? \_\_\_\_\_

What geographical areas are primarily served? \_\_\_\_\_

**SECTION III**  
**AGENCY/ORGANIZATION INFORMATION**

1. Please give a brief history/description of the agency (**include copy of 501(c)3 documentation**).
  
2. Please attach a list of your Board of Directors.
  
3. Please attach the projected budget for this project including an itemized account of how the money is to be spent.
  
4. Describe non-League funds to be used for this project (federal funds, state funds, seed money, funds from community agencies, etc.).
  
5. What community resource can assume financial responsibility for this project upon completion of the Junior League commitment? At what point in the future do you see this project capable of generating its own funds?
  
6. Please attach a copy of your most recent agency/organization financial statement showing all current sources of funding.

OFFICE USE  
LG.PR./CO.PR./PLCMT  
PROJ. NAME \_\_\_\_\_  
PG ASSIGNED \_\_\_\_\_

**SECTION IV  
VOLUNTEER OPPORTUNITY FORM**

*(Please complete a separate form for each volunteer placement opportunity.)*

AGENCY NAME: \_\_\_\_\_

PERSON RESPONSIBLE FOR TRAINING, SUPERVISING AND EVALUATING  
VOLUNTEERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**VOLUNTEER JOB TITLE:  
MINIMUM NUMBER OF VOLUNTEER HOURS NEEDED FOR THIS PLACEMENT  
OPPORTUNITY (1 VOLUNTEER= 50 HOURS)?**

**JOB DESCRIPTION:**

**PLACEMENT OBSERVATION:**

We realize that because of agency policy and/or confidentiality requirements the observation of some placements by other League members is impossible. Please indicate your preference below:

NO OBSERVATION PLEASE

OBSERVATION IS FINE

**TRAINING DESCRIPTION:**

Date of the training: \_\_\_\_\_

Time of the training: \_\_\_\_\_

Location of training: \_\_\_\_\_

**REQUIREMENTS AND/OR SKILLS NEEDED BY VOLUNTEER:**

**SECTION IV (continued)**  
**VOLUNTEER OPPORTUNITY FORM**

**TIME COMMITMENT:**

Indicate if this volunteer placement will have **STRUCTURED HOURS**, will be **TASK-ORIENTED**, or be a **ONE TIME ("COMMUNITY PROJECT TEAM") OPPORTUNITY**. Check the time block(s) which are **POSSIBLE** for this placement and fill in days of the week and times of day you would need volunteers. **Be as specific as possible**. Please **STAR** your preferences if you have them. You must have a structured/task oriented opportunity, but we encourage you to also identify a community project team opportunity. **NOTE:** Summer placements end when TISD resumes classes.

**STRUCTURED HOURS** (choose timing of preferred volunteer placement):

**Pref. Poss.**

**YEAR LONG (SEPTEMBER-MAY)**

Days of week possible: \_\_\_\_\_

Times of day possible: \_\_\_\_\_

**SUMMER (JUNE - AUGUST)**

Days of week possible: \_\_\_\_\_

Times of day possible: \_\_\_\_\_

**FALL (SEPTEMBER - DECEMBER)**

Days of week possible: \_\_\_\_\_

Times of day possible: \_\_\_\_\_

**SPRING (JANUARY - MAY)**

Days of week possible: \_\_\_\_\_

Times of day possible: \_\_\_\_\_

**OTHER (DESCRIBE FULLY with days and times available):**

\_\_\_\_\_

**TASK-ORIENTED** (work at own pace to complete task):

**Pref. Poss.**

**YEAR-LONG (JUNE - MAY)**

**SUMMER (JUNE - AUGUST)**

**FALL (SEPTEMBER - DECEMBER)**

**SPRING (JANUARY - MAY)**

**OTHER** (please be specific) \_\_\_\_\_

### Community Project Team Requests

The Junior League of Tyler, Inc. would like to offer additional opportunities for our Community Project Teams to assist with your agency. The Community Project Teams can accomplish projects that are event-based (for example, a one-day event or a few events that total less than 50 hours but require assistance of volunteers).

CPT Opportunity: \_\_\_\_\_

CPT Opportunity Date(s): \_\_\_\_\_

CPT Opportunity Location: \_\_\_\_\_

CPT Opportunity Time: \_\_\_\_\_

### **SECTION V**

Are you willing to enter into a written contract with the Junior League of Tyler, Inc.?

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

#### **Attachment Checklist:**

\_\_\_ Three (3) copies of the application

\_\_\_ CD with 5-10 images

\_\_\_ 501(c)3 documentation

\_\_\_ Board of Directors

\_\_\_ Recent financial statement

\_\_\_ Projected project budget