



404 East Sixth Avenue, Tallahassee, FL 32303  
(850)224-9161 ~ Fax (850)224-9306  
www.jltallahassee.org ProjectResearch@jltallahassee.org

**Application for 05/2006 - 06/2007 Community Projects**

**Application Deadline: Friday, December 1, 2006**

***Junior League of Tallahassee Mission Statement:***

The Junior League of Tallahassee is a nonprofit organization of women committed to improving the lives of children and families through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Organization Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Organization's World Wide Web site (if applicable):** \_\_\_\_\_

**Best time to contact you:**      **Weekdays**      **Weekends**  
(please circle all that apply)      **Mornings**      **Afternoons**      **Evenings**

**I. Project Idea**

Please summarize your project idea in 100 words or less: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Please briefly explain how the proposed project meets the applicable focus area(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Community Impact**

How would your project directly impact the community? \_\_\_\_\_

\_\_\_\_\_

Do you believe that your project idea has the potential for expansion over the next few years if additional funds or volunteers become available? \_\_\_\_\_

Briefly, how would you expand the project? \_\_\_\_\_

\_\_\_\_\_

**V. Volunteer Needs**

Would your project require Junior League of Tallahassee volunteer's time and/or financial support? \_\_\_\_\_

\_\_\_\_\_

How often would Junior League volunteers be needed? (e.g. daily, weekly, monthly)\_\_\_\_\_

\_\_\_\_\_

How many volunteers do you anticipate your project idea would utilize?

\_\_\_\_\_

What time of day/week/month would volunteers be needed? (e.g. mornings, evenings, weekends, etc.)\_\_\_\_\_

What type of involvement would the volunteers have? (e.g. facilitating, mentoring, transportation, hands-on activities) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would Junior League volunteers be required to complete any type of training before volunteering on this project idea? If yes, what type of training and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. Funding Needs**

The Junior League provides funding for our community projects. When partnering with community organizations, Junior League funding may vary from partial funding to full funding for the project.

What is the *annual* cost of your project idea? \_\_\_\_\_

Please describe the funding needs of your project idea with itemization, if possible (please feel free to attach additional sheets if necessary): \_\_\_\_\_

---

---

---

---

---

---

**VII. Special Requirements and Liabilities**

Please list any special requirements and/or liabilities associated with your project idea:

---

---

**VIII. Additional Information**

If you have any additional information related to your project idea that may be helpful to the Junior League when reviewing your application, please feel free to include it with your application.

If you have any questions about the application process, or the Junior League's current or past community projects, please contact the Junior League headquarters at (850) 224-9161, or by email at [projectresearch@jltallahassee.org](mailto:projectresearch@jltallahassee.org)

**Please return this application by email or mail by  
Friday, December 1, 2006.**

***Final approval of community projects will be subject to review  
of financial statements of the submitting company.***