

## 2023-2024 Junior League of Birmingham Community Project Application

**Thank you for your interest in partnering with the Junior League of Birmingham. This year, the Junior League is celebrating its 100th year of service to the Birmingham community. Over the years, our volunteers have worked with agencies like yours to improve the health, education, financial stability, and well-being of women and children in our area. We continue that tradition as we solicit agency partners and select programs that will create systemic change in our community.**

\* 1. If you are a NEW applicant, please confirm that you attended or viewed the recorded Agency Information Session by signing below. **This is a requirement of our application process.**

\* 2. Before completing this application, please confirm that you have read the Four Impact Areas listed and described on the Junior League of Birmingham website:

<https://www.jlbonline.com/community/> .

By signing below, you are also confirming that you acknowledge and understand that volunteer opportunities geared towards evenings (after six o'clock) and weekends, or a concentrated time period, are preferred. Our volunteers are most impactful (and *impacted*) in the community when projects include training, sufficient volunteer hours and involvement with other volunteers. *Please note: Each Junior League volunteer is generally expected to complete 40 hours of volunteer work over the course of the year*

## 2023-2024 Junior League of Birmingham Community Project Application

\* 3. Agency Name

\* 4. Project Name

\* 5. Agency Contact

<b>Primary Contact</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Direct Phone Number</b>	<input type="text"/>

6. Please ensure the phone number provided above is one where we are able to reach you. Please provide information for a secondary contact, if possible, in the event the primary contact is unavailable.

<b>Secondary Contact</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 7. Please provide a brief overview of the Agency and, more specifically, the project for which this application applies. (3-4 sentences that summarize the project's mission, volunteers' involvement, and community impact as a result. This information may ultimately be used on our website.)

\* 8. Impact Area

- Economic Security & Financial Stability
- Education & Culture
- Health & Wellness
- Safety & Crisis

\* 9. Total amount of Junior League funding requested

\* 10. Total amount of funding required to execute entire project (including other sources)

\* 11. Total number of Junior League volunteers requested

\* 12. Total number of volunteers required for entire project (including other sources)

\* 13. Total number of volunteer hours requested for Junior League volunteers (including travel/training)

\* 14. Total number of volunteer hours required to execute project (including other volunteer sources)

\* 15. What is the total approximate time commitment for **each** volunteer (in hours) over the course of the project year - this includes time for initial training, travel, and volunteer job time? **\*\*As noted at the beginning of the survey, each Junior League volunteer is generally expected to complete 40 hours of volunteer work over the course of the year.\*\***

\* 16. Volunteer Months (please select all that apply)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July      |
| <input type="checkbox"/> February | <input type="checkbox"/> August    |
| <input type="checkbox"/> March    | <input type="checkbox"/> September |
| <input type="checkbox"/> April    | <input type="checkbox"/> October   |
| <input type="checkbox"/> May      | <input type="checkbox"/> November  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December  |

\* 17. Volunteer Schedule (please select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Morning (8am - 12pm)     | <input type="checkbox"/> Evening (6pm - 10pm) |
| <input type="checkbox"/> Afternoon (12pm - 3pm)   | <input type="checkbox"/> Weekend (Saturday)   |
| <input type="checkbox"/> After School (3pm - 6pm) | <input type="checkbox"/> Weekend (Sunday)     |

If Weekend, please provide timeframe.

\* 18. How will volunteers fulfill this project? (Select all that apply)

- In - Person with Client Contact
- In - Person with NO Client Interaction
- Virtual
- Work - at - Home Opportunities

Combination or Other (please specify)

\* 19. Project Location

**Name of Location**

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Direct Phone Number**

\* 20. Is Parking Provided?

- Yes (Volunteer Paid)
- Yes (Agency Paid)
- No

\* 21. Please provide the agency's mission statement.

\* 22. Briefly describe this project and its objectives or goals. Identify specific activities of the project that will accomplish these goals.

\* 23. Briefly include the history of the agency with date of incorporation

\* 24. How does this project fit within the mission of the JLB and ultimately benefit the community? Copy and paste this link to learn more about the mission of the Junior League of Birmingham: <https://www.jlbonline.com/about/>

\* 25. List any other Community Agencies or collaborative efforts involved with this project.

\* 26. Are there any other agencies with similar projects in our community?

\* 27. How many individuals do you anticipate our volunteers will serve during the course of this project?

\* 28. Provide additional description(s) of the target population for this project and specify the geographical communities impacted.

Race	<input type="text"/>
Gender	<input type="text"/>
Geographical Community Served	<input type="text"/>

\* 29. Target Age Range (Check all that apply)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Infant to Preschool | <input type="checkbox"/> High School |
| <input type="checkbox"/> Preschool           | <input type="checkbox"/> Adults      |
| <input type="checkbox"/> Elementary          | <input type="checkbox"/> Seniors     |
| <input type="checkbox"/> Middle School       |                                      |

\* 30. Provide detailed description of volunteer role, skills needed for the job and/or skills the volunteer will acquire.

\* 31. Describe volunteer training involved - how many hours, including time for travel and training.

\* 32. Is a background check required for volunteers?

Yes

No

\*If yes, who is facilitating the process?

\* 33. Please provide an Itemized Budget showing the proposed spending of JLB funds.

Choose File

Choose File

No file chosen

\* 34. Agency's current Annual Operating Budget (Please include status of financial requests from other organizations, if applicable).

Choose File

Choose File

No file chosen

\* 35. Describe how your organization intends to promote the proposed project and your partnership with JLB. (This is in addition to listing JLB as a partner on your website, recognizing JLB in your publications, and promoting JLB at your events).

Social Media

Publications

Website

Events

Other (please specify)

36. In addition to answering the above question, please upload materials and/or links to such promotions listed.

Choose File

Choose File

No file chosen

\* 37. The Junior League of Birmingham requires that our partner agencies provide measurable and sufficient data to confirm the progress and effectiveness of the project. Each project should be capable of being evaluated through objective criteria to determine the impact the project has on the agency and its participants.

In the fields below, please include information regarding the types of data that will be gathered and your agency's plan for data collection, including the name and title of the person who will be responsible for monitoring the project.

**Short Term Outcome**

**(6 months):** What are the outcomes to be expected during the project's first six months and what metrics do you propose to track project performance?

**Medium Term**

**Outcome (One Year):**

At the completion of the project year, what goals do you intend to have met and how will performance relative to those goals be measured. What statistics will be available for review?

**Long Term**

**Evaluation:** Describe the intended long-term outcome of the project including projected data.

\* 38. Nonprofit 501(c)(3) Status Letter from IRS

Choose File

Choose File

No file chosen

\* 39. List of Current Board of Directors

Choose File

Choose File

No file chosen

\* 40. Agency Annual Report

Choose File

Choose File

No file chosen

\* 41. IRS Form W-9

Choose File

Choose File

No file chosen