

JUNIOR LEAGUE OF ODESSA, INC. PROJECT REQUEST FORM

FOCUS AREA: SUPPORT FOR AT RISK FAMILES

SUMMARY INFORMATION

PROJECT NAME:
ORGANIZATION NAME:
ORGANIZATION ADDRESS:
CONTACT PERSON:
PHONE NUMBER:
IRS CLASSIFICATION:(i.e.501(c)(3))Tax
BRIEF OVERVIEW OF THE ORGANIZATION'S BACKGROUND/HISTORY INCLUDING DATE FOUNDED:
ATTACH AN AGENCY BROCHURE IF APPLICABLE
PROJECT DESCRIPTION:
TOTAL FUNDS REQUESTEDDate of Request:
JUNIOR LEAGUE VOLUNTEERS REQUESTED:
MINIMUM NUMBER: MAXIMUM NUMBER:

LOCATION OF PROJECT:
WHO AND HOW MANY WILL BE BENEFIT FROM THIS PROJECT? (POPULATION BREAKDOWN BY SOCIOECONOMIC STATUS, ETHNICITY, GENDER, AGE, FAMILIES, INDIVIDUALS, SUBPOPULATIONS ETC.):
BACKGROUND
HOW WILL THIS PROJECT MEET THE NEEDS OF THE JUNIOR LEAGUE'S FOCUS AREA? PLEASE PROVIDE INFORMATION ON THE MAIN ISSUES OR PROBLEMS THIS PROJECT ADDRESSES AND DETAILS ON WHY AND HOW YOU ADDRESS THESE ISSUES (MENTION SURVEYS OR OTHER SUPPORTING INDICATIONS OF THIS NEED)
DOES THIS PROJECT CHARGE FOR SERVICES? IF SO EXPLAIN?
WILL IT SUPPLEMENT OR EXTEND EXISTING SERVICES OFFERED BY THIS OR OTHER AGENCIES?

_	E ALL PROJECT OBJECTIVES IN ORDER OR PRIORITY. (What will be accomplished as result of this project?)
PERFO	WILL THE PROJECT MEASURE OUTCOMES? PLEASE INCLUDE DRMANCE MEASURES ALONG WITH DATA/INFORMATION THAT BE COLLECTED AND HOW:
	BACKGROUND – (continued)
	WILL THE PROJECT ACTUALLY BE CARRIED OUT? (Please be as specific as possible)
	E THE TIME FRAME IN WHICH THE PROJECT WILL OPERATE: (Note: the proposed project request may be for more than one year.) Date:

Date Junior League Involvement Will End:			
Anticipated Total Life of the Project:			
ADMINISTRATION			
PLEASE ATTACH A LIST OF THE BOARD OF DIRECTORS FOR YOUR ORGANIZATION.			
WHAT ARE YOUR PLANS FOR ADMINISTRATION OF THIS PROJECT?			
WHAT PART WILL THE JUNIOR LEAGUE PLAY IN ITS ADMINISTRATION?			
WHAT ROLE DOES THE BOARD OF DIRECTORS PLAY?			
DO YOU HAVE PAID MANAGEMENT STAFF?			
WHAT IS THIER JOB DESCRIPTION?			

ADMINISTRATION - (Continued)

WHO WILL BE IN CHARGE OF THE DAY TO DAY OPERATIONS OF THIS PROJECT?	
PLEASE GIVE THE NUMBER OF PROFESSIONALS INVOLVED IN THIS PROJECT AND THEIR RESPECTIVE ROLES.	
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WHO IS ULTIMATELY RESPONSIBLE FOR THE MANAGEMENT AND EVALUATION OF THE PROJECT?	
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VOLUNTEERS

NUMBER REQUE	STED FROM LEAGUE	: MINIMUM	MAXIMUM			
SPECIFIC DUTIES AND TIME REQUIREMENTS:						
DESCRIBE THE T	RAINING VOLUNTEE	RS WOULD RECEIN	/E.			
WHEN NEEDED:	(please circle)					
SUMMER	FALL	WINTER	SPRING			
MORNING	AFTERNOON	EVENING	WEEKEND			

VOLUNTEERS - (continued)

WHERE WILL VOLUNTEERS WORK?
WHO WILL BE RESPONSIBLE FOR SUPERVISING AND EVALUATING THE JUNIOR LEAGUE VOLUNTEERS?

FINANCES

PLEASE ATTACH A COPY OF YOUR MOST RECENT IRS FORM 990. IF YOU DO NOT FILE A FORM 990, PLEASE STATE SO BELOW. MOST RECENT AUDIT AND MANAGEMENT LETTER SHOWING ALL CURRENT SOURCES OF FUNDING OR YEAR END BALANCE SHEET AND STATEMENT OF ACTIVITY IF AGENCY IS NOT AUDITED.

FINANCES - (continued)

IF FUNDS ARE GRANTED BY THE JUNIOR LEAGUE, TO WHO SHOULD THE CHECK BE SENT?
PLEASE ATTACH A COMPLETE ITEMIZED PROJECT BUDGET WITH INCOME AND EXPENSES. ATTACH A SEPARATE TIMELINE OF WHEN THE MONEY IS TO BE SPENT. ATTACH AN ORGANIZATIONAL BUDGET FOR CURRENT FISCAL YEAR
IF FUNDS ARE REQUESTED FOR A SALARY, PLEASE ANSWER THE FOLLOWING:
JOB DESCRIPTION:
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IF THE POSITION IS ALREADY FILLED, WHAT IS THE CURRENT SALARY AND FUNDING SOURCE?
HOW LONG WILL THIS POSITION BE REQUIRED?
WHO WILL PAY THE SALARY AFTER TERMINATION OF THE LEAGUE'S COMMITMENT?

IST OTHER FINANCIAL SUPPORT REQUESTED FOR THIS PROJECT. NDICATE THE STATUS OF REQUEST AS ASSURED OR HOPEFUL.
FUTURE OF PROJECT
SIVE SPECIFIC PLANS FOR PROJECT EVALUATION:
LEASE DISCUSS IN DETAIL HOW YOU WILL MAKE THIS AN ONGOING ROJECT AFTER JUNIOR LEAGUE FUNDING CEASES.