

Date submitted \_\_\_\_\_

AGENCY INFORMATION	
Name of Agency	
Tax Exempt Organization Number	
Mailing Address	
Website	
Executive Director/Board Chair	
Is the agency a past JLT Community or IMPACT Partner? If yes, what was the project?	
Agency Mission Statement	
Agency Vision/Impact Statement	
How does this organization's mission/vision/values align with the Junior League of Tulsa's stated mission and impact areas?	
	CONTACT INFORMATION
Agency Contact Name	
Agency Contact Title	
Contact Phone Number	
Contact Email	
Contact Fax	

PROJECT OBJECTIVES	
1.	
2.	
3.	
establish a new service or program     expand an existing service or program	
3 other (please explain)	
1.	
2.	
3.	

PROJECT INFORMATION	
Description of Project	
Proposed Start Date	
month/day/year Proposed End Date	
month/day/year	
Anticipated total length of project	
Anticipated total length of project	short term (1-2 years) long term (3+ years)
Time of days when volunteers are	
needed	daytime evening both
	If both, please give projected distribution of volunteer shifts:
	% days % evening
Is specific paperwork/background	
check/vaccination/training required for	
JLT members to participate in this	
project?	
If yes, please describe	
Number of JLT volunteers requested	
Funding requested	
Please explain the skills necessary for	
the volunteer position	
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Please give a brief job description for	
potential volunteers	
potential volunteers	
Include days of week, hours per shift, duties	
to be performed, location of services to be	
provided	
Please include the following agency	1 list of board of directors
documents with your completed	2 annual report
application	
	3 any relevant collateral or promotional information