

# JLC COMMUNITY PARTNERSHIP APPLICATION 2022-2023

**Organization/Placement Name \***

**Mailing Address \***

**Street Address (including Zip Code) \***

**Website \***

**Executive Director \***

**Contact Name & Title for JLC Partnership Application \***

**Contact Phone Number \***

**Contact Email \***

**Total number of employees (part-time and full-time) \***

**Amount of JLC funds requested \***

**Minimum amount of JLC funds required for this program to run successfully \***

**Number of JLC volunteers requested \***

**Minimum number of JLC volunteers required for this program to run successfully \***

**Please provide a brief overview of the history and mission of your organization, including the founding date. \***

**Describe how your programming is in line with the JLC's school ready initiative \***

**Describe your organization's position on Diversity Equity & Inclusion and how your leadership team and Board of Directors reflects these values. \***

**What are your key performance indicators of program success? \***

**Describe the population served by this program. How are the participants selected? How many children will be served annually under this program? \***

**How long has this program been in existence? \***

**How do you plan to sustain this program after this year? What are the long term strategies for funding this project beyond the grant period? \***

**What makes your organization unique and effective as compared with other organizations working in your geographical area with similar populations? What is your organization doing to limit duplication or overlapping services? In what ways is your organization meeting needs that are not being addressed by other non-profits? \***

**Why are you applying for support from the JLC? \***

**How many total volunteers work with your organization? How are they recruited and retained? \***

**What are the specific volunteer duties that would be required of JLC volunteers? Be as detailed as possible. \***

**How will JLC volunteers be supervised and coordinated? \***

**Are volunteers able to self-schedule with your organization? \***

YES

NO

**Please list the days and times that volunteers are needed. \***

Morning (before noon)

Afternoon (noon - 5pm)

Evening (after 5pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Has your organization ever been affiliated with or had a previous partnership with the JLC? If so, please provide details of this relationship including scope and timeframe. \***

**Is there a current JLC member in your organization (Active or Sustainer)? If so, please provide the name and role of the JLC member. \***

**Would your organization be willing to:**

- Provide orientation and/or training to JLC volunteers that are selected to work with you?
- Sign an annual contract?
- Sign a letter of understanding with the JLC outlining volunteer arrangements and expectations?
- Submit to an annual review of program operations for programs that utilize JLC volunteers?
- Accept representation from the JLC on your Board of Directors?
- Name the JLC as an additional insured and maintain the JLC as an additional insured throughout the length of the placement?

**Please note the following required documents: \***

- Budget Spreadsheet
- IRS Determination of Tax Exempt 501(c)(3) status
- Audit report and management letter for the last fiscal year
- Certificate of Insurance \*applicants must provide current proof of insurance for consideration

\*Please email a copy of the IRS Determination letter, Recent Audit (a tax return and financial statements will be accepted if unable to provide a recent audit) and Certificate of Insurance to [jlc.pde@gmail.com](mailto:jlc.pde@gmail.com). All applicants must provide the listed documentation for consideration.

**Application Confirmation \***

I agree that the responses in this application are accurate to the best of my abilities.

**Signature**

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