

# JLC Partnership Application 2020-2021

School Ready Initiative: The JLC partners with our community to ensure all children are school ready by focusing on health and educational needs of children ages 0 to fifth grade in defined priority areas of Mecklenburg County. Those priority areas include zip codes: 28205, 28206, 28208, 28212, 28216, 28217

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**Organization/Placement Name \***

**Street Address \***

**Zip Code \***

Please note: applications will only be considered that provide service to priority areas. Zip Codes: 28205, 28206, 28208, 28212, 28216, 28217

**Phone Number \***

**Website (if applicable) \***

**Executive Director Name \***

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

**Contact Phone for JLC Partnership Application (xxx-xxx-xxxx) \***

**Contact E-Mail for JLC Partnership Application \***

**Total Number of Employees: Full-time \***

**Total Number of Employees: Part-time \***

**CFO, Head of Accounting, etc. \***

Please provide the contact name of the person who oversees budgets and finances.

**Financial Contact Phone (xxx-xxx-xxxx) \***

**Financial Contact Email \***

**JLC Funds Requested \***

**Minimum funds (in total—from JLC and other donations) required for this project to run successfully? \***

**Number of JLC Volunteers Requested for this project to run successfully \***

<10 volunteers

11-20 volunteers

21+ volunteers

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

**Why are you applying for support from the JLC? Describe specifically how your programming for this project is in line with the JLC's School Ready Initiative? \***

**Indicate the number of children ages 0 through 5th grade you anticipate to receive services annually. \***

**Describe the population served by this project. How are participants selected? How does your organization encourage and ensure participation? \***

**Is funding (JLC or otherwise) required for sustainability of this project? \***

Yes

No

**If you do not receive full grant funds for this application, how will your ability to achieve the stated results be impacted? \***

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

**Morning (Before 12 Noon)    Afternoon (12 Noon to 5:00 p.m.)    Evening (5:00 p.m. and beyond)**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

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

Yes

No

Maybe

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

**Does your organization have prior experience with the JLC? If so, please indicate the scope of your prior and/or existing JLC relationship and include the time frame. \***

**Please indicate below if there is a Junior League Member (Active or Sustainer) on your Board of Directors, involved in the leadership of your organization, or employed by your organization. This does not preclude you from becoming a community partner, but is used for informational purposes. \***

Yes

No

**If yes, please provide the name and role of JLC Member in your Organization.**

**Would your organization be willing to: (check all that apply) \***

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/project

**Please use the checklist below to provide:**

Audit report and Management letter for last Fiscal Year

Certificate of Insurance to verify general liability coverage for volunteers and  
IRS Determination of Tax Exempt 501 (c)(3)

Please email a copy of the IRS Determination, Recent Audit, and COI to [jlc.pde@gmail.com](mailto:jlc.pde@gmail.com)

**Application Confirmation \***

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

**Electronic Signature: \***