

4. What is the total cost of the proposed program (attach budget)? State amount requested from the JLSL, not to exceed \$2,000.

5. Is your organization collaborating with other agencies or businesses? If yes, please list organization(s) names along with a description of the form of collaboration or support to be provided.

6. How will this project benefit women and/or children in the greater St. Louis metro area? (Please include approximate number of people served by the project.)

7. Are there any additional resources (beyond monetary) the JLSL could possibly provide for this project?

8. What is the timeline for this project?

9. What is the total numbers of volunteers for your organization?

10. Are any members of your organization members of the JLSL?

Attach the following to this application:

- A copy of your IRS letter confirming 501(c) (3) non-profit status.
- A specific line budget as to how the requested funds will be used.
- List of Board of Directors.
- Additional literature related to your organization or the project as necessary.

Date

Signature

Return to:

Junior League of St. Louis
Research, Development and Evaluation Chair
1630 Des Peres Road, Suite 150
Des Peres, MO 63131

Phone: (314) 822-2344

Board Use Only: Approved/Denied _____
Amount Issued _____
Date _____
Initials _____