

**RESEARCH & DEVELOPMENT**

**2024-2025 Community Program Application**

**Note: Please complete this form and the accompanying Community Impact Self-Evaluation, then upload both forms along with other requested documents at** [**www.jldallas.org**](http://www.jldallas.orgt)**. Paper applications will not be accepted.**

**I. Summary of Request**

1. Agency Name:

2. Agency Application Contact (name and contact information):

3. Mission Statement:

4. Name of board or the equivalent governing body on which JLD project chair will serve as ex-officio non-voting member: (All Agencies receiving funding from the Community Service Fund and/or JLD volunteers will have a JLD representative (Project Chair) serve as an ex-officio member on an appropriate board of that agency as the official JLD representative).

5. Total number of volunteers requested:

6. Total number of funds requested:

7. How will the JLD volunteers be used?

**II. History**

8. Has a request for JLD volunteers or funding been submitted within the past three years? (This includes Provisional Projects, Community Assistance Fund, Community Service Fund, Transfer Projects and any other funding).

Yes: \_\_\_\_\_
No: \_\_\_\_\_

9. What is the cumulative amount of JLD funding given to your agency?

**III. Needs Assessment**

10. What specific community needs will this volunteer project address?

11. How will this project address these needs?

12. What other community agencies or groups provide the same or similar services or are attempting to solve the same community problem?

13. Will clients pay for services received? If so, what will be the associated costs?

**IV. Details of Volunteer Request/Agency Brochure Page**

14. Please list the physical address(es)/locations of this particular volunteer project.

15. Describe job titles, duties and number of each volunteer position: (include volunteer position name, followed by description of position, hours and day requirement).

Position #1:
Position #2:
Position #3:
Position #4:
Position #5:

16. If you require criminal background checks, how are they paid for? If you do not require background checks, please answer "n/a."

17. Is there an orientation or advanced training required for volunteers? If ‘yes,’ please explain.

18. Are there any other requirements or restrictions related to this project?

19. Training: (List key skills that a Junior League volunteer would learn through orientation or during volunteer work)

20. Could bilingual/multilingual volunteers be utilized for this project? If yes, please explain.

21. Will this project propose risks to the health or personal safety of JLD volunteer?

Yes: \_\_\_\_\_
No: \_\_\_\_\_

If yes, please explain:

22. Will the volunteers need to take certain health precautions? (vaccinations, medical tests, etc.)

Yes: \_\_\_\_\_

No: \_\_\_\_\_

If yes, please indicate which vaccinations and tests are required and how they are paid for (volunteer, agency, other funding).

**V. Volunteer Accessibility**

The Junior League of Dallas values the contributions of all of our members, whose backgrounds and perspectives are diverse and wide-ranging. The following questions pertain to accessibility for any Junior League of Dallas members who may have mobility, visual, or hearing differences. Please note that your responses will not automatically disqualify your agency or placement(s) from being a part of the Junior League of Dallas community program.

23. Please indicate whether or not each of the positions outlined above could be performed by a volunteer with a mobility difference or physical disability (e.g. wheelchair or walker usage).

Position #1:
Position #2:
Position #3:
Position #4:
Position #5:

24. Please describe how the placement locations could be utilized by our volunteers who are differently abled. Your description should include accommodations for mobility, visual, and hearing differences for parking, building access, restrooms, etc.

**VI. Agency Volunteer Component**

25. Please provide the names, titles, and contact details of staff members responsible for supervising JLD volunteers.

26. Please provide the name of the Volunteer Coordinator. If your agency does not have a Volunteer Coordinator, please indicate to whom volunteers will report.

27. Total number of current non-JLD community volunteers for agency. \_\_\_\_\_\_\_\_\_\_
Please indicate the source of these volunteers and what percentage comes from each source (community volunteers, corporations, etc.).

**VII. Current and Future Funding**

28. Is the program for which the funds are being requested currently funded? If yes,
how? Please provide ratios (%) of the following sources:

Individuals: \_\_\_\_\_
Corporations: \_\_\_\_\_
Foundations: \_\_\_\_\_
Governmental: \_\_\_\_\_
Endowment: \_\_\_\_\_

29. Are you seeking funding for this project from other sources? If so, list other potential sources.

30. Please provide ratios (%) for funding sources for the agency as a whole, not just the program for which you are seeking funding. Please provide ratios (%) of the following sources:

Individuals: \_\_\_\_\_
Corporations: \_\_\_\_\_
Foundations: \_\_\_\_\_
Governmental: \_\_\_\_\_
Endowment: \_\_\_\_\_

**VIII. Budget**

31. Total JLD funds requested for this project:

32. Please list below (in order of importance) the line item budget for JLD funds requested. *Example: Partial salary for Executive Director ($10,000)*

**IX. Litigation**

33. Please describe any pending litigation or administrative procedures against the agency.

**X. Diversity and Inclusion**

The Junior League of Dallas’ commitment to diversity and inclusion is reflected in our policies and we strive to support partners who share this commitment. Please spend a moment to tell us about your agency’s diversity and inclusion efforts.

34. Please state the gender identity of your organization’s governing Board (in percentages).

35. Please state the ethnicity of your organization’s governing Board (in percentages).

African American: \_\_\_\_\_
Asian: \_\_\_\_\_
Hispanic: \_\_\_\_\_
Caucasian: \_\_\_\_\_
Native American: \_\_\_\_\_
Multi-Ethnic: \_\_\_\_\_
Other: \_\_\_\_\_

36. In what other areas or ways does your organization (e.g., governing Board, organization’s leadership, Auxiliary, staff, policies, programs) represent the clients and community served? Please describe and include statistics as appropriate.

37. Indicate what steps your agency has taken to advance its commitment to diversity and inclusion:

 Agency has established policies and practices supporting diversity and inclusion (i.e. volunteer policy, vendor policy, hiring policy, Board governance, etc.)

 Agency performs an organizational evaluation of diversity and inclusion to hold itself accountable.

 Agency conducts cultural competency and diversity training for staff, volunteers and Board.

 Other:

**XI. Community Impact Report**

**Clients Served**

Please complete the accompanying Community Impact Self-Evaluation spreadsheet.

1. How many unduplicated clients did your agency serve in total last year (not limited to JLD projects)?
2. Of the total clients served by your agency, how many reside in Dallas County?
3. Please state the age of the clients served by your agency (in percentages).

Birth – 2 years: \_\_\_\_\_
3 – 4 years: \_\_\_\_\_
5 – 12 years: \_\_\_\_\_
13 – 18 years: \_\_\_\_\_
19 – 54 years: \_\_\_\_\_
55+ years: \_\_\_\_\_

1. Please state the gender identity of the clients served by your agency (in percentages).

Female: \_\_\_\_\_

Male : \_\_\_\_\_

1. Please state the ethnicity of the clients served by your agency (in percentages).

African American: \_\_\_\_\_
Asian: \_\_\_\_\_
Hispanic: \_\_\_\_\_
Caucasian: \_\_\_\_\_
Native American: \_\_\_\_\_
Multi-Ethnic: \_\_\_\_\_
Other: \_\_\_\_\_

1. What percentage of the clients served by your agency are low income? Please substantiate using **one** of the following:

 Live in poverty (as defined by Federal guidelines)

 Qualify for free or reduced lunch

 Medicaid, Children’s Health Insurance Program

 WIC, SNAP, TANF

1. Do you provide services related to any of the following health conditions, which include (i) those that Dallas County Health & Human Services identifies as the most prevalent and critical in our community, and (ii) long-time areas of focus for JLD? Please check all that apply to the services you offer and list any other conditions you may treat:

 Heart Disease

 Diabetes

 Childhood Obesity

 Respiratory Disease

 Cancer

 Mental/Behavioral Health

 Developmental Disabilities

 Physical Disabilities

 Other (please describe):

1. Approximately how many of your total clients will be served by this JLD grant request?
2. What specific geographical areas will be primarily served by this project (please include zip codes)?

10. Please provide any additional description regarding your agency’s clients.

**New Programming**

If your agency is applying to use JLD volunteers or funds to support a new program in 2024-2025, please describe the metrics by which the new program will be assessed.

**XII. Additional Documents to be Uploaded**

Pursuant to Junior League of Dallas R&D Financial Policies, the following additional documents are required in order to process the application:

* Letter certifying 501(c)(3) status
* List of current Officers and Board of Directors
* Certificate of insurance evidencing general liability currently in effect as of the date of this application. (If approved, agency will be required to name JLD as additional insured by May 15, 2024).
* Audited financial statements for the agency’s three prior years. Please provide a copy of the entire audit including opinion letter, statements, and footnotes. If audited financial statements are not available, please submit an operating statement and balance sheet for the prior three years with an explanation of why audited financials are not available. (Exception:  If the agency is currently part of the JLD Community Program, having previously submitted audited financial statements and passed Financial Review, a financial statement for the most current year only will be sufficient). If audited financials are not provided, please upload a document stating when they will be available.
* Prior year actual revenues and expenses (audited results, if available) compared to prior year budget.
* Current year budget.
* If there are any special/particular financial circumstances you wish to have considered, please attach a statement explaining such circumstances.