



Aging Impact Proposal Form

ORGANIZATION INFORMATION

Organization Name:

Address:

Phone:

Fax Number:

Website:

Chief Executive Officer/Executive Director:

Contact person for application:

Title:

Contact's phone:

Email address:

Describe your organization (mission, goals, and major programs).

How many people are served by your organization each year?

PROJECT INFORMATION

Project Proposal Name	# of Volunteers Requested	\$ Amount Requested

1. Provide a brief project summary.
2. Who will this project serve?
3. How many people will be served by this project?
4. What outcome measures will you use and what outcomes do you anticipate?
5. Provide a timeline of the project schedule.
6. Describe existing or potential collaborations with community partners for this project.
7. List other significant sources of funding for this project.
8. Is the proposed project a current program within your organization? If yes, how are outcomes of the program measured?

JLG VOLUNTEER INFORMATION

9. What specific activities would our volunteers participate in?
10. What, if any, training is required for our volunteers to be successful (ex. type, length, etc.)?
11. When would our volunteers be utilized (i.e. days of the week, time of the day, number of hours at a time, frequency, etc.)?
12. Are background checks required for our volunteers? If yes, describe.
13. Are there other ways the Junior League of Greensboro could assist your organization (ex. Board of Directors, "done in a day" service projects, speakers on various topics, etc.)?