

# South Side Coalition on Urban Girls

July 15, 2011

Dear Service Provider/Business Owner,

This is an appeal for your support of The South Side Coalition on Urban Girls (SSCUG). SSCUG is an alliance of community providers who service girls that reside in distressed communities on the South Side of Chicago. The mission of SSCUG is to improve the health, safety and wellness of South Side urban girls that are impacted by extreme crisis through comprehensive resources and services. Hence, community businesses and service providers such as yours can contribute to this mission as well.

We are in the process of creating a resource guide for girls who are between 12 and 18 years of age, who reside in these distressed areas. The launch of the completed guide is scheduled for May 2012, and will be disseminated to over 5,000 girls and available online to general public. The guide will contain a wealth of information specific to girl's health and a full community resource section. The effectiveness of the resource guide largely depends on the willingness of organizations and businesses to submit their information as a listing in this resource. By participating in this collaborative effort, your business will benefit from extended exposure through promotional efforts directed toward the supporters of SSCUG. Listing in the guide is completely **FREE!**

We have attached an Agency Information Form for you to complete and return to us no later than **July 30 2011**. The form can be mailed to: SSCUG, c/o Demoiselle 2 Femme, NFP, 9415 S. Western Avenue, Suite 200, Chicago, IL 60643 or sent via email to: [sscug@demoiselle2femme.org](mailto:sscug@demoiselle2femme.org). SSCUG would like to thank you in advance for your time and support. Please feel free to contact us, should you have any questions or if you would like to join the SSCUG partnership at (773) 779-9371, ext. 314.

Sincerely,

*Jasmine Banner-Hubbard*

Jasmine Banner-Hubbard  
SSCUG Data Collection Coordinator

**South Side Coalition on Urban Girls  
Resource Guide  
Agency Information Form**

Your agency/business provides valuable services to girls and their families. Please take a minute to complete the following information for your agency/business. This form is also available online at [www.demoiselle2femme.org](http://www.demoiselle2femme.org). Please return your completed form via mail or email it as a PDF attachment. If you have any questions, please contact Jasmine Banner-Hubbard/SSCUG at (773)779-9371 or [sscug@demoiselle2femme](mailto:sscug@demoiselle2femme). Thank you!

*Please Type/Print*

Non-Profit yes, no

<b>Organization</b>		
<b>Street Address</b>		
<b>City /State /Zip</b>		
<b>Phone Number</b>	<b>Fax Number</b>	<b>Website</b>
<b>Main Contact: First Name</b>	<b>Last Name</b>	<b>Position</b>
<b>Organization Email Address</b>	<b>Contact Email</b>	

**Description of organization in 2-3 sentences**

**Scope of services provided including ages served**

<u>Service/Program</u>	<u>Day &amp; Time offered</u>	<u>Location</u>

**Do you offer any gender-specific services/programs (for girls only)? If so, please describe below:**

<u>Service/Program</u>	<u>Day &amp; Time offered</u>	<u>Location</u>

**Indicate the most appropriate Guide section for your listing (select only one).**

Health                       Education                       Recreation                       Social Services  
 Employment and Careers     Arts & Humanities            Fitness & Nutrition            Legal Services  
 Other \_\_\_\_\_

**Please check all that apply to you of the offerings below. Your choices will be listed in your entry.**

Free                                       Volunteer opportunities                       Weekend programs  
 Fees apply                               Service learning opportunities               Afterschool programs  
 Internships available                       Scholarships offered                       Girls-only agency

**Are there other community agencies or resources you would like for us to contact for inclusion in the Guide? If so, please list below.**

**1. Name of Organization/Business:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Dept. \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**2. Name of Organization/Business:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Dept. \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**3. Name of Organization/Business:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Dept. \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_