Grant application for landlord/tenant cases; PLAN programs; 2017-18

Applications are due to IOLTA on Friday December 16, 2016. Please transmit the narrative and budget files by email to Stephanie.Libhart@pacourts.us.

# Applicant Information

Applicant Organization: Click here to enter text.

Contact Person Name & Title: Click here to enter text.

Contact Person Phone Number: Click here to enter text.

Contact Person Email Address: Click here to enter text.

# Eligibility

Is the Applicant Organization a sub-recipient of grant funds through the IOLTA Board’s 2016-17 grant to PLAN, Inc.?

[ ]  Yes

[ ]  No

# Proposal

Amount requested: Click here to enter text.

In which program’s service area does the targeted population live (select one)?

[ ]  Community Legal Services

[ ]  Legal Aid of Southeastern Pennsylvania

[ ]  MidPenn Legal Services

[ ]  North Penn Legal Services

[ ]  Northwestern Pennsylvania Legal Services

[ ]  Neighborhood Legal Services Association

[ ]  Laurel Legal Services

[ ]  Southwestern Pennsylvania Legal Services

Of the types of cases eligible for funding under this category, which type or types is the Applicant Organization proposing to handle? Check all that apply.

[ ]  Eviction or denial of rental housing

[ ]  Warranty of habitability cases

[ ]  Housing discrimination

[ ]  Displacement due to gentrification

Describe the Applicant Organization’s experience and capacity for handling the types of cases selected above. If the Applicant Organization does not have the requisite experience or existing capacity, how will the Applicant Organization build capacity to begin providing services at the start of the grant year?

Click here to enter text.

What level of representation is the Applicant Organization proposing to provide? Please see definitions at the end of this application. Check all that apply.

[ ]  Extended representation

[ ]  Brief service

[ ]  Advice only

Describe the Applicant Organization’s experience and capacity for providing the level of representation selected. If the applicant organization does not have the requisite experience or existing capacity to provide the level of representation selected above, how will the Applicant Organization build capacity to begin providing services at the start of the grant year?

Click here to enter text.

Of the categories of populations prioritized for service, to which is the Applicant Organization proposing to target services? Check all that apply.

[ ]  Mentally ill persons

[ ]  Veterans

[ ]  Formerly incarcerated persons

[ ]  Domestic violence survivors

[ ]  Seniors

[ ]  Minorities

[ ]  non-English speaking persons

[ ]  Rural residents

[ ]  Those living with a disability

[ ]  Other: Click here to enter text.

What methods will the Applicant Organization employ to reach the selected population(s) and provide services effectively? Describe the Applicant Organization’s experience successfully reaching and serving the population(s) selected above.

Click here to enter text.

Will services be targeted to a particular geographic location (community, neighborhood, zipcode, etc.) within the service area selected above that has experienced or is experiencing a high rate of foreclosure activity? If so, please identify the specific location and county. What data and/or sources were relied upon to identify the geographic location?

Click here to enter text.

Describe fully the proposed service delivery plan to address the legal need(s) described above.

Click here to enter text.

Will new staff be hired or will existing staff be assigned to fulfill the grant objectives?

[ ]  New hire(s)

[ ]  Existing staff

[ ]  I don’t know yet

Please indicate the total number of Full-Time Equivalent (FTE) paid staff persons who will be directly involved in the proposed project. A FTE is one person working full-time. Two persons, each working half-time, amount to 1.0 FTE. Express FTEs in decimals (e.g., 1.5 attorneys).

Proposed Number of Attorneys: Click here to enter text.

Proposed Number of Paralegals: Click here to enter text.

Proposed Number of Other Staff: Click here to enter text.

**Anticipated Outcomes**

Please provide the number of cases (by level of service) anticipated to be **closed** during the grant year. See definitions below.

|  |  |  |
| --- | --- | --- |
| **Case Type by Level of Service** | **Anticipated # of Cases to be Closed During the Grant Year** | **Short Description (Optional)** |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |

**Budget**

Please submit a proposed budget using the Excel spreadsheet provided.

**Data Collection by the National Association of IOLTA Programs (NAIP)**

By submitting an application under this category, the applicant agrees to collect and report to the Pennsylvania IOLTA Board data including, but not limited to, the number of individuals in a household that benefited from the grant-funded activity and, within that gross number, the number of those falling within the following categories:

1. Elderly (60+)

2. Children (< 18 yrs-old)

3. Veterans

**Level of Service - standard definitions:**

An ***Extended Representation*** case is defined as a case the grantee closed through negotiated settlement without litigation, negotiated settlement with litigation, administrative agency decision or court decision.

 A ***Brief Service*** case is defined as a case in which the grantee took limited action(s) on behalf of an eligible client that addressed the client's legal problem. Examples include: communications by letter, telephone or other means to a third party; preparation of a simple legal document such as a routine will or power of attorney; or legal assistance to a pro se client that involves assistance with preparation of court or other legal documents.

An ***Advice Only*** case is defined as a case in which the grantee provided legal advice to an eligible client (e.g., the advocate ascertained and reviewed relevant facts, exercised judgment in interpreting the particular facts presented by the client and in applying the relevant law to the facts presented, and counseled the client concerning his or her legal problem). Referrals may not be counted as Advice Only cases.

ASSURANCES GIVEN BY APPLICANT AS CONDITION FOR RECEIPT OF AN IOLTA GRANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant Name)

Applicant assures that:

1. It will restrict the use of IOLTA funds to law related activities or purposes that are charitable or educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954, and will not use IOLTA grant funds for any prohibited purposes.
2. It will comply with applicable laws pertaining to anti-discrimination measures for employment and services.
3. It will, upon request, cooperate with all data collection and evaluation activities undertaken by the PA IOLTA Board and give any authorized representative of the Board access to any copies of all financial records, books, papers, or documents, provided that the Board shall not have access to any reports, records, or information subject to the attorney-client privilege.
4. It understands and agrees that the Board may, in its sole discretion, grant funds in greater or lesser amounts and/or for greater or lesser periods of time than requested in this application.
5. It understands and agrees that the application, once received by the Board, becomes the property of the Board, and any or all ideas contained therein may be used by the Board.
6. It will provide, upon request, periodic written reports detailing the use of IOLTA funds in light of the proposed use described in the grant application.
7. It will promptly notify the IOLTA Board if any organizational or programmatic changes occur such that information contained in its grant application is no longer correct, or that would render the organization ineligible for an IOLTA grant.

**I have read these assurances and understand that if this application is approved for funding, the grant will be subject to these assurances. I certify that the applicant will comply with these assurances if the application is approved.**

Program Director: Board Chairperson:

Signature: Signature:

Date: Date: