Grant application for Systemic Advocacy/Impact Work; 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 recipient of a 2016-17 IOLTA Board zone grant?

[ ]  Yes

[ ]  No

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.

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

[ ]  Foreclosure prevention

[ ]  Predatory lending

[ ]  Access to healthcare

[ ]  Affordable housing

[ ]  Blight remediation

Describe the Applicant Organization’s experience and capacity for carrying out advocacy related to the targeted topics selected above. If the Applicant Organization does not have the requisite experience or existing capacity, how will the Applicant Organization build capacity to begin working on the proposed activities at the start of the grant year?

Click here to enter text.

Will the proposed advocacy impact low-income Pennsylvanians statewide or be limited to those living/working in a particular geographic location (community, neighborhood, zipcode, etc.)? 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 activities to address the topic(s) selected 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 describe with specificity the goals of the proposed activities.

|  |  |
| --- | --- |
|  | Goals to be Achieved in the Grant Year |
| 1. | Click here to enter text. |
| 2. | Click here to enter text. |
| 3. | Click here to enter text. |
| 4. | Click here to enter text. |
| 5. | Click here to enter text. |
| 6. | Click here to enter text. |
| 7. | Click here to enter text. |

How will the Applicant Organization measure the success of the grant-funded activities and demonstrate accountability for the grant funds?

Click here to enter text.

**Budget**

Please submit a proposed budget using the Excel spreadsheet provided.

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: