Grant application for Bank of America

Reserve Funds; 2020-2021

Applications are due to the Pennsylvania IOLTA Board on Friday January 17, 2020. Please submit both the narrative and budget files together by email to James.Swoyer@pacourts.us.

# Applicant Information

**Applicant Organization:** Click here to enter text.

**Primary Contact Name & Title:**  Click here to enter text.

**Primary Contact Phone Number:** Click here to enter text.

**Primary Contact Email Address:** Click here to enter text.

# Eligibility

**Is the Applicant Organization a recipient of a 2019-2020 IOLTA Specialized Legal Services (Zone) grant?**

[ ]  Yes

[ ]  No

 **Is the Applicant Organization a sub-recipient of grant funds through IOLTA’s 2019-2020 grant to PLAN, Inc.?**

[ ]  Yes

[ ]  No

# Proposal

**Amount requested:** Click here to enter text.

**Duration proposed:** Choose an item.
**In which geographic zone does the targeted population live? Select all that apply.**

[ ]  Philadelphia

[ ]  Southeastern

[ ]  South Central

[ ]  Northeastern

[ ]  Northwestern

[ ]  Southwestern

**Of the types of legal assistance eligible for funding, which type is the Applicant Organization proposing to provide? Check one.**

[ ]  Foreclosure prevention legal assistance

[ ]  Community redevelopment legal assistance

**Describe the Applicant Organization’s experience and capacity for providing the legal assistance 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 legal representation is the Applicant Organization proposing to provide? Please see definitions at the end of this application. Check all that apply.**

[ ]  Advice only

[ ]  Brief service

[ ]  Extended Representation

[ ]  Impact Representation

**Describe the Applicant Organization’s experience and capacity for providing the level of legal 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.

**If the proposed activities will target specific populations, please identify them below? Check all that apply.**

[ ]  Seniors

[ ]  Minorities

[ ]  Rural residents

[ ]  Non-English speaking persons

[ ]  Other: Click here to enter text.

**If applicable, identify the methods the Applicant Organization will 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 (county, neighborhood, zip code, etc.) within the geographic zone selected above? If so, please identify the specific location. What data and/or sources were relied upon to identify the geographic location?**

Click here to enter text.

**Identify and describe the legal needs to be addressed.**

Click here to enter text.

**Describe fully the proposed service delivery plan to address the legal need(s) identified above. How do the proposed activities comply with the funding restrictions (foreclosure prevention legal assistance or community redevelopment legal assistance)?**

Click here to enter text.

**If the proposed services are already being provided by the Applicant Organization, please explain how the requested IOLTA funding will help the organization sustain, enhance or expand the existing services.**

Click here to enter text.

**Please describe other funding or resources that will be leveraged by the requested grant funds and the Applicant Organization’s general plan for sustaining the grant-funded activities after the IOLTA funding has been exhausted.**

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 activities. 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 term. See definitions below. Complete the charts below for the years of funding requested. For example, if a single-year grant is requested, complete the Year 1 chart only. If a 2-year grant is requested, complete Year 1 and Year 2 charts, etc.

Year 1

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

Year 2

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

Year 3

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

Year 4

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

If it is anticipated that the proposed activities will produce outcomes other than cases, please describe them below.

Click here to enter text.

**Budget**

Please submit a proposed budget using the Excel spreadsheet provided.

**Data Collection**

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 foreclosures prevented, 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 **Advice Only** case is defined as a case in which the grantee provided legal advice to an eligible client (i.e., 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.
* 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 **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.
* An **Impact Representation** case is defined as a case that (a) affects significant segments of the eligible population, and (b) achieves or is expected to achieve relatively permanent improvement in legal rights or basic living conditions of those affected.