

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.

I have read the grant application and approve the programming proposed therein. The applicant will promptly notify the IOLTA Board after the application is submitted 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 also read the assurances above 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.

Clinical Director: _____

Law School Dean: _____

Signature: _____

Signature: _____

Date: _____

Date: _____