2019 Grant Application for Pro Bono Legal Services Organizations

***DUE NO LATER THAN June 1, 2019***

The American College of Bankruptcy Foundation (the “Foundation”) awards grants to legal services organizations whose activities are consistent with the objectives of the mission of the Foundation. Grant awards are made by the Foundation’s Pro Bono Committee (the “Committee”).

**I. INSTRUCTIONS FOR COMPLETING A GRANT APPLICATION**

* Please use this application form with no more than two pages of attachments describing the essential aspects of the project. The form and any attachments must be in at least 12-point font.
* The application must be signed by an authorized person of the grantee, and submitted electronically in a single PDF form for the application and attachments (excluding any financial information and tax exemption letter requested in Section IV which should be provided in separate PDFs) to [cmcnamara@acbfoundation.org](mailto:cmcnamara@acbfoundation.org).
* Only one grant application may be submitted per calendar year.
* Before submitting the application, please review the Application guidelines provided separately and posted on the Foundation’s website, [www.americancollegeofbankruptcy.com/foundation](http://www.americancollegeofbankruptcy.com/foundation).
* Grant applications must be submitted **NO LATER THAN JUNE 1, 2019**.
* If there are any material changes in circumstances for the applicant or for the below program (including changes in applicant’s financial condition or material financial changes for the program), Applicant must notify the Committee promptly.
* Grants awarded will be subject to the conditions set forth on the last page.

**II. APPLICANT INFORMATION**

**Name of organization:**

**Address:** *(Please provide a street address – no post office or private mailbox.)*

Street

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

City State Zip

Telephone Fax

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

Email Website:

**Date organized:** **EIN:**

**Describe the geographical areas and the clientele served by your organization:**

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

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

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

**Please attach a list of governing members, telephone numbers and addresses.**

**III. GRANT REQUEST AND BUDGET**

**Amount requested**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(The Committee will not ordinarily award grants in excess of $10,000. The Committee may make a few grants of up to $15,000; these are intended for new programs or new initiatives so the recipients will normally be first-time grantees. If a request is made for a grant of $15,000, please provide budgets in the alternative for grants of $15,000 or of $10,000.)*

**GRANT BUDGET.** Please provide a budget for the program showing categories of expenses for the program requested, including total cost and the portion to be paid from ACBF grant funds. This Budget should be for the program (not the organization’s budget.) Please identify other funding sources for balance of program, or if the grant awarded is less than requested.

|  |  |  |  |
| --- | --- | --- | --- |
| Expense Category | Total expenses for program | ACBF Funds Requested | Other Funding |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

**THE PROGRAM.** Describe the program or project you are requesting grant funds for, and its relationship to bankruptcy or debtor/creditor matters. Please identify the needs to be addressed and the particular outcomes or objectives sought. You may attach additional pages if needed, but please no more than 2 pages:

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

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

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

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

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

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

**IV. ORGANIZATION FINANCIAL INFORMATION**

**Organization budget (for current year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Link to your organization’s IRS Form 990 or most recent audited financials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *If you are unable to provide a link, you may send financial information in a separate PDF.* **Please also send as a separate PDF evidence of your tax exemption status.**

**V. CONTACT INFORMATION:**

**Please provide name, title, email and telephone number for the best person to contact regarding the Application and a second contact person for your organization**

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

Contact Name Title

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

Telephone Email

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

Second Contact Name Title

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

Telephone Email

**VI. CERTIFICATION.**

**By signing below, the applicant acknowledges that the Foundation is relying on the information contained in this grant application and represents and warrants that any information provided in this application and the accompanying attachments is true and accurate in all respects. The applicant agrees that any additional information provided to the Foundation will be true and accurate in all respects. The applicant agrees to promptly notify the Foundation of any material change in circumstances for the applicant or the above program (including changes in applicant’s financial condition or material financial changes for the program.) The individual signing below represents and warrants that they are authorized to sign on behalf of the organization submitting this grant application.**

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

Signature Date

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

Name Title

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

Telephone Email:

Please submit electronically in one PDF for application and attachments (excluding financial information requested in Section IV) **by JUNE 1, 2019** to: Carole McNamara, Communications Director, [cmcnamara@acbfoundation.org](mailto:cmcnamara@acbfoundation.org) *Please call our office at 434-939-6005 if you do not receive confirmation of receipt of your application within five (5) business days.*

**Conditions of Grants**

All grants are subject to the following conditions:

* Only one grant application per grantee will be considered in each calendar year.
* Grant awards must be used strictly in accordance with the proposal and budget submitted in writing to the Committee. A grantee must provide the Foundation with a written request for permission to make any changes or alternate uses of grant funds, and no changes or alternate uses are authorized until approved in writing by the Committee.
* All publications relating to the activity for which a grant is made must acknowledge the support of the College and Foundation.
* Grant funds must be expended by December 31 of the following year. Any unused funds at that time must be returned to the College unless the Committee has provided a written extension of time for such expenditure.
* A final written grant report must be provided to the Committee no later than February 15 after the grant funds have been expended. For grants awarded in 2019, funds must be used by December 31, 2020, and reports are due by February 15, 2021.
* The written report must be submitted on the Committee’s form, detail the actual expenditures to the approved grant budget, and include specific outcomes from the grant (such as number of programs, volunteers recruited, clients assisted.) No further grants will be considered for an applicant unless all reports for prior years that are due have been received. The Committee reserves the right to request additional information or review of any information provided. The grantee agrees to promptly respond to such requests.
* The grantee agrees to notify the Foundation promptly of any material changes in circumstances for the applicant or the program (including changes in applicant’s financial condition or material financial changes for program.)
* The Foundation provides resources on its website for other potential grantees who are developing similar or related bankruptcy pro bono and public service programs. Grantees agree (i) to permit the Foundation to share the materials on its website; or, in the alternative, (ii) to provide a description, with a contact person or link for others to learn about the program that the Foundation may post on its website.

The Foundation reserves the right to impose additional conditions as it deems appropriate for grants or a particular request.

**American College of Bankruptcy Foundation**

**P.O. Box 249, Stanardsville, VA 22973**

[www.americancollegeofbankruptcy.com/foundation](http://www.americancollegeofbankruptcy.com/foundation)

Tel. 434-939-6005, Fax: 434-939-6030  
Shari Bedker, Executive Director  
E: [sbedker@acbfoundation.org](mailto:sbedker@acbfoundation.org)  
Carole McNamara, Communications Director

E: [cmcnamara@acbfoundation.org](mailto:cmcnamara@acbfoundation.org)