





Administration of Justice Grant Application


Organizational Overview

 Describe how you learned of this grant opportunity:


 Briefly describe your organization's mission:


 Briefly describe your organization's history:

 Briefly describe your organization's major achievements:


 List the dates, purposes and outcomes of any prior applications for Michigan State Bar Foundation funds submitted within the last six years. (Date, Title of Project/Purpose, Approved/Denied/Pending)


Project Overview


 1. Title of project:

 2. Amount Requested:

 3. Anticipated beginning date:

 4. Anticipated completion date:

 5. In 125 words or less, describe a brief summary of the grant request covering the needs to be addressed, methods, target audience and anticipated outcomes.

 6. List names/titles and describe the qualifications of key staff members or volunteers responsible for the project.

	Name/Title of Key Staff/Volunteer	Function	Qualifications
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____


Upload Resume in Supporting Documents


- 1
- 2
- 3
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- 9
- 10


 7. Describe how this project furthers the mission of your organization


 8. Describe how this project advances the stated priorities of the Michigan State Bar Foundation


 9. What will happen to this project if the Michigan State Bar Foundation denies the grant request?

 Needs to be Addressed

 1. What are the needs to be addressed?


 2. What is the target audience?


 3. What outreach will be undertaken to inform the audience of this project?


 4. List the counties in which services will be provided or indicate statewide.

 Project Activities

 1. How many people will be served?


 2. Describe any services in this project that will be provided by pro bono attorneys.


 3. Describe any services to be done by other volunteers.

 4. List the timeline for major activities in this project.

	Major Activity	Timeline
1	<hr/>	<hr/>
2	<hr/>	<hr/>
3	<hr/>	<hr/>
4	<hr/>	<hr/>
5	<hr/>	<hr/>
6	<hr/>	<hr/>
7	<hr/>	<hr/>


8		
9		
10		

 5. Describe the day-to-day operation of the project.

 6. Describe any technology used to undertake this project.


 7. Describe supervision for the project.

 8. If applicable, list up to three materials that will result from this project.


 If applicable, how many people will be served? Complete chart below.


Type of legal problem	Cases closed after limited service	Cases closed after extended service	Total projected cases closed
Consumer/finance	-	-	-
Education	-	-	-
Employment	-	-	-
Family	-	-	-
Juvenile	-	-	-
Health	-	-	-
Housing	-	-	-
Income maintenance	-	-	-
Individual rights	-	-	-
Other*	-	-	-


 Collaboration/Coordination


 1. Describe the support this project has from other individuals or organizations in your community.


	Organization/Individual	Describe Support	Upload Letter of Support
1	_____	_____	<input type="checkbox"/>
2	_____	_____	<input type="checkbox"/>
3	_____	_____	<input type="checkbox"/>
4	_____	_____	<input type="checkbox"/>
5	_____	_____	<input type="checkbox"/>

 2. Describe how other organizations in your area perform services similar to those you have proposed or otherwise work to address the needs you have identified.

 3. Describe how your proposed project avoids duplication with other organizations.

 4. Describe how you will coordinate activities with other organizations.


 5. Describe any entities outside the area you seek to serve doing projects similar to this one and describe ways in which you used their experience in providing these services in planning your own project.


 6. Have you researched other similar models in developing this project? If so, describe.


 Evaluation of Project

 1. List three anticipated outcomes of the project.


1 _____
2 _____
3 _____


 2. Describe how you will evaluate the effectiveness of the project and include how you will measure the number of people impacted.


 3. Describe to whom dissemination of project information or results will be made and how such dissemination will occur.

 4. If this project can be replicated, describe the ways you will assist others in the process.

Form for "Administration of Justice Grant Financial Information


 1. Describe how the project will be funded after these grant funds are spent.

 2. Describe any matching funds requirements from other sources for this project.


 Complete the chart below to reflect the project's estimated budget detailed by major line items. Include only direct needs for this project under "MSBF funds."

Category	MSBF Funds	Other Funds	In-kind Support
*Personnel - Existing	—	—	—
*Personnel - New	—	—	—
Employee benefits	—	—	—
*Consultant fees	—	—	—
*Travel	—	—	—
*Space	—	—	—
*Equipment	—	—	—
*Supplies	—	—	—
Telephone	—	—	—
Postage	—	—	—
Printing/copies	—	—	—
Audit	—	—	—
*Other	—	—	—
Category	Project Total	*Provide further details	
*Personnel - Existing	—	—	
*Personnel - New	—	—	
Employee benefits	—	—	

*Consultant fees	_____	_____
*Travel	_____	_____
*Space	_____	_____
*Equipment	_____	_____
*Supplies	_____	_____
Telephone	_____	_____
Postage	_____	_____
Printing/copies	_____	_____
Audit	_____	_____
*Other	_____	_____

 Provide further details for above personnel costs:

	List each position:	Check if this is a new Staff Position:	Project Percentage of Each Staff's Time
1	_____	<input type="checkbox"/>	_____
2	_____	<input type="checkbox"/>	_____
3	_____	<input type="checkbox"/>	_____
4	_____	<input type="checkbox"/>	_____
5	_____	<input type="checkbox"/>	_____
6	_____	<input type="checkbox"/>	_____
7	_____	<input type="checkbox"/>	_____
8	_____	<input type="checkbox"/>	_____
9	_____	<input type="checkbox"/>	_____
10	_____	<input type="checkbox"/>	_____

 List any funding sources that have changed in the last year.

	Source	Last Year Amount	Current Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

	Change	Explanation of funding change
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

 List the other anticipated funding sources for this project by name and amount.

Source	Funding Sources	Anticipated Grant Decision Date	Amount Requested
Government grants (list)	—	—	—
Foundations (list)	—	—	—
Corporations (list)	—	—	—
Religious institutions (list)	—	—	—
United Way (list)	—	—	—
Income from project	—	—	—
Other (list)	—	—	—
Total	—	—	—

Source	Amount Committed
Government grants (list)	_____
Foundations (list)	_____
Corporations (list)	_____
Religious institutions (list)	_____
United Way (list)	_____
Income from project	_____
Other (list)	_____
Total	_____