**American Bar Endowment**

**Opportunity Grant Application**

**Instructions**

Thank you for your interest in the American Bar Endowment’s Opportunity Grant Program. To be reviewed, an application must include complete and accurate responses to all the following questions and contain all the requested documents by the application deadline. You can e-mail your completed application, including attachments and budget template forms, to Jackie Casey at jcasey@abenet.org. Your application file should be named using this naming convention: Organization Name Opportunity Grant Application 2020. Attachments should use this naming convention – your organization name contents of file and year (e.g., ABC Center Project Budget 2020 or ABC Center Board of Directors List 2020). You may submit additional information other than what is required using the same naming convention.

The American Bar Endowment may request additional information and documentation from you to review your application. A timely response will ensure that your application can be included in the review process.

If you have questions about the Opportunity Grants Program or about the application, please contact Jackie Casey at 312-988-6402 or jcasey@abenet.org.

With your application, you will also need to read, sign, and submit the American Bar Endowment Grant Agreement.

**Summary of Application**

Provide a short description (approximately 250 words or less) of the project/program for which you are seeking funding. This description should briefly name the problem, need or issue the project/program addresses, how the project will address it, and what the ultimate impact of the grant will be. Click or tap here to enter text.

Amount Requested from the ABE. Click or tap here to enter text.

**Applicant Organizational Information**

Applicant Organization Name (including any assumed business name(s) used): Click or tap here to enter text.

Is this organization classified by the Internal Revenue Service as exempt from federal taxation under Code section 501(c)(3) and as a public charity or supporting organization under Code section 509(a)? [ ]  YES [ ]  NO If the applicant is classified by Code Section 509(a)(3) as a supporting organization, provide information on the sub-classification category and detailed information about the supported organization(s). Click or tap here to enter text.

If no, do you have a written fiscal agency agreement with another organization with that classification? [ ]  YES [ ]  NO What is that organization’s name? Click or tap here to enter text.

Applicant (or fiscal agent) EIN. Click or tap here to enter text.

Organizational Mission Statement: Click or tap here to enter text.

Briefly describe the organization’s key current programming that advances this mission (please do not exceed 3000 characters with spaces): Click or tap here to enter text.

Have you received an ABE Opportunity Grant in the past? [ ]  YES [ ]  NO A new grant request cannot be considered until a Final Grant Impact Report for the previous grant has been submitted to the ABE and accepted.

Is the applicant affiliated by control or contractual arrangement (e.g., intellectual property license agreement or affiliation agreement) with any other organizations?

[ ]  YES [ ]  NO If yes, please identify each and describe the relationship(s). Click or tap here to enter text.

How did you learn about the Opportunity Grant Program? Click or tap here to enter text.

Principal Contact for this Grant Application

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Zip:

**Project Information**

Name of the project for which you are seeking funding: Click or tap here to enter text.

Geographic Scope of Program/Project (e.g., state of Illinois or Midwest region, Metropolitan Chicago Area or National)? Click or tap here to enter text.

In what grant focus area(s) does your organization/project principally fit? (choose all that apply)

[ ]  Enhancement of access to justice, especially for vulnerable and underserved populations, through innovative legal services delivery, including maximizing pro bono service delivery.

[ ]  Promotion of the rule of law or improvement of the justice system, including ensuring equal justice and elimination of bias, through research and policy advocacy.

[ ]  Growth of the public’s understanding of the law and the legal system, including increased civic engagement.

[ ]  Other. Please specify. Click or tap here to enter text.

What age population(s) does your Organization/Project principally serve? (choose all that apply)

[ ]  Children ages birth to 10 years old

[ ]  Children ages 10 to 13

[ ]  Teenagers ages 13 to 16

[ ]  Older Teens ages 16-18

[ ]  Young adults ages 18-25

[ ]  Adults 25+

[ ]  Elderly

What special population does your Organization/Project principally serve? (choose all that apply)

[ ]  Racially and/or ethnically diverse. Feel free to specify further if you wish.

 Click or tap here to enter text.

[ ]  Women and/or girls.

[ ]  Men and/or boys.

[ ]  Poor and/or low-income people.

[ ]  People living in rural areas.

[ ]  People with disabilities.

[ ]  Survivors of domestic and/or sexual violence.

[ ]  Children and/or parents in the child welfare system.

[ ]  Immigrants and/or asylum seekers.

[ ]  Veterans and/or military personnel.

[ ]  Justice system connected people.

[ ]  Disaster survivors

[ ]  Other. Please specify. Click or tap here to enter text.

If your project is a direct service project, how many people is it estimated to serve in the grant period? Click or tap here to enter text.

If your project is focused on training, how many people are estimated to be trained in the grant period? Click or tap here to enter text.

If your project disseminations educational or informational materials, how many people are estimated to receive these materials during the grant period? Click or tap here to enter text.

Briefly describe (using data if possible) the need/problem/issue your project is intended to address and any data to support that your project tactics/strategies are known to address this need/problem/issue. Click or tap here to enter text.

Briefly describe your project/program’s measurable objectives. Click or tap here to enter text.

Briefly describe the strategies and tactics you will use to achieve the objectives, including deliverables that will be funded through this grant if received. Click or tap here to enter text.

Briefly describe how you will measure/evaluate the success of your project. Click or tap here to enter text.

If you propose to start a program that will operate longer than one year and/or become part of the annual programming of your organization, describe your specific plans for ensuring funding beyond the ABE Opportunity Grant? Click or tap here to enter text.

Grant periods are one year or less. They can begin anytime except no later than 90 days after the award is received (April 1). When will your project begin? Click or tap to enter a date. When will your project be completed? Click or tap to enter a date.

Indicate how the applicant will acknowledge the ABE’s grant:

[ ]  Listed in the Annual Report. [ ]  Print [ ]  Online

[ ]  Press release about the gift or the project.

[ ]  On the applicant’s website.

[ ]  Applicant’s publications. Please describe. Click or tap here to enter text.

[ ]  Social media announcement (Facebook, Twitter, etc.). Please specify.

 Click or tap here to enter text.

[ ]  Event program books and signage. Please describe.

 Click or tap here to enter text.

[ ]  In publications, videos, etc. that are being produced, in whole or in part, from this grant. Please describe. Click or tap here to enter text.

[ ]  Other. Please specify. Click or tap here to enter text.

**Financial Information** – please complete this section and attach documents.

Total Organizational Expenses for the current fiscal year: Click or tap here to enter text.

Website address (Guidestar or other charity site is acceptable) where the organization’s most recent 990 filing can be found. Click or tap here to enter text.

Total Project Expenses? Click or tap here to enter text.

[ ]  Organizational Budget

[ ]  Project/Program Budget Template (budget must be submitted in this format)

[ ]  IRS Determination Letter (If the IRS Determination Letter is from your fiscal agent, please attach the written fiscal agency agreement.)

**Other Requested Documents**

[ ]  Application cover letter, which summarizes the request and includes any known challenges to signing the grant agreement should your organization receive an award.

[ ]  Please attach a list of your organization’s Board of Directors names and affiliations.

[ ]  Please provide a list with short biographies of the senior administrative staff of the organization and the person who will manage the project/program for which ABE funds are sought.

[ ]  Other documents you would like to include in your application (e.g., letters of support, samples of how your donors are recognized by your organization, etc.).