**American Bar Endowment**

**Opportunity Grant Application**

1. **Summary of Application**
2. Applicant Organization: Click here to enter the Organization’s Name.
3. Project Name: Click here to the Name of the Project.
4. Short Project Description. (Do not exceed 250 characters)

Click here to enter a Short Description of Your Project.

1. Amount Requested? Click or tap here to enter the Amount You Are Requesting.
2. Total Project Expenses? Click or tap here to enter the Project’s Total Expenses.
3. Have you received an ABE Opportunity Grant in the past?  Yes  No

If yes, in what years and for what projects did you receive funding?

Click here to enter Years and Projects funded.

1. Has your organization applied for ABE funds in the past?  Yes  No
2. If yes, when?  2016  2017  2018  2019  2020
3. **Project Information**
4. Geographic Scope of Project (e.g., state of Illinois or Midwest region, Metropolitan Chicago Area or National)? Click here to enter the Geographic Focus of your project.
5. In what grant focus area(s) does your organization/project principally fit? (choose all that apply)

Enhanced access to justice, especially for vulnerable and underserved populations, through innovations to legal services delivery or capacity-building projects that improve service delivery.

Promotion of the rule of law or improvement of the justice system, including ensuring equal justice and elimination of bias, through best practices development and analysis; needs assessment; and policy development and advocacy.

Growth of the public’s understanding of the law and the legal system to increase civic engagement through the development and implementation of innovative communication tools, resources, and delivery methods.

Other. Please specify.

1. Briefly describe the need/problem/issue your project addresses.

Click here to describe the Need or Problem your project addresses.

1. Briefly describe your project/program’s measurable objectives.

Click here to describe the Objectives of your project.

1. Briefly describe the activities you will do to achieve the objectives.

Click here to describe your project Activities.

1. Briefly describe how you plan to measure/evaluate the success of your project.

Click here to describe your Evaluation activities.

1. If you propose to start a program that will operate longer than one year or become part of the annual programming of your organization, describe your specific plans for ensuring funding beyond the ABE Opportunity Grant?  Not Applicable

If applicable, please click here to describe your future Funding Plans.

1. Project Start Date? Click to enter a date. Project End Date? Click to enter a date.
2. Indicate how you will acknowledge the ABE’s grant:

Listed in the Annual Report.  Print  Online

A press release or news article about the gift or the project.

On the applicant’s website.

Applicant’s publications, program books, signage. Click here to describe.

Social media announcements (Facebook, Twitter, Instagram, LinkedIn etc.).

In publications, videos, etc. that you produce, in whole or in part, from ABE grant funds.

Click here to describe.

Other. Click here to describe.

1. **Project Service Data**
2. What age population(s) does your Organization/Project principally serve? (click 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

1. What unique population does your Organization/Project principally serve? (click all that apply)

Racially or ethnically diverse. Click here to specify further if you wish.

Women or girls.

Men or boys.

Members of the LGBTQ+ community.

Poor or low-income people.

People living in rural areas.

People with disabilities.

Survivors of domestic or sexual violence.

Children or parents in the child welfare system.

Immigrants or asylum seekers.

People for whom English is not their first language.

Veterans or military personnel.

Justice system connected people.

Disaster survivors

Other. Click here to specify.

1. If this is a direct service project, how many people do you estimate serving in the grant period?

Not Applicable

If Applicable, click here to describe numbers that will be served.

1. If your project involves training, how many people do you expect to train in the grant period?

Not Applicable

If applicable, click here to describe the number of people who will be trained.

1. If your project disseminates educational or informational materials, how many people do you expect to receive these materials during the grant period?

Not Applicable

If applicable, click here to describe how many will receive materials.

1. **Applicant Organizational Information**
2. Organizational Mission/Vision Statement. (please use no more than 1250 characters)

Click here to enter Mission Statement.

1. Briefly describe the organization’s core current programming that advances this mission.

Click or here to describe Core Programming.

1. 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, click here to identify and describe the relationship(s).

1. How did you learn about the Opportunity Grant Program?

Click here to tell us how you learned about this grant program.

1. Principal Contact for this Grant Application

Click here to enter Contact’s Name.

Click here to enter Contact’s Title.

Click here to Contact’s E-mail Address.

Click here to enter Contact’s Phone Number.

Click here to enter Street Number and Name. Click here to enter Suite Number, Building Name, etc.

Click here to enter City. Click here to enter State Click here to enter Zip Code

1. **Financial Information**
2. Is this organization classified by the Internal Revenue Service as 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, click here to provide information on the sub-classification category and the name of the supported organization(s).

If no, do you have a written fiscal agency agreement with another organization with that classification?  YES  NO Click here to enter that organization’s name?

1. Applicant (or fiscal agent) EIN. Click here to enter EIN.
2. Total Organizational Expenses for the current fiscal year. Click to enter total Expenses.
3. Website address (IRS, Guidestar or other charity site is acceptable) where the organization’s most recent 990 filing can be found. Click here to enter address.
4. **Other Requested Documents (please check those attached)**

Cover letter.

Organizational Budget (can be submitted in any format you choose).

Project/Program Budget Template (download this form from the ABE website and use it to submit your project budget).

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

List of your organization’s Board of Directors names and affiliations.

Short staff biographies of the senior most administrative staff who will oversee the project and the person who will provide day to day management of the project.

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