# **American Bar Endowment**

# **Opportunity Grant Application**

## I. <u>Summary of Application</u>

- 1. <u>Applicant Organization</u>: Click here to enter name of organization.
- 2. <u>Project Name</u>: Click here to enter the name of the project.
- 3. Short Project Description. (Do not exceed 200 words.)

Click here to enter text

- 4. <u>Amount Requested?</u> Click here to enter amount.
- 5. <u>Total Project Expenses</u>? Click here to enter amount.
- 6. <u>Has the organization received an ABE Opportunity Grant in the past?</u> 
   Yes 
   No

### If yes, in what years and for what projects was funding received?

Click here to enter years and projects funded.

- 7. <u>Has the organization applied for ABE funds in the past</u>? 
  Yes No
- 8. <u>If yes, when</u>? 
  2016 
  2017 
  2018 
  2019 
  2020 
  2021

# II. Project Information

9. <u>Geographic Scope of Project</u> (e.g., state of Illinois or Midwest region, metropolitan Chicago area or National)? Click here to enter the geographic focus of the project.

### 10. In what grant focus area(s) does the proposed project principally fit? (Choose all that apply.)

- □ Enhancing access to justice, especially for vulnerable and underserved populations using innovations to legal services delivery, capacity-building, or pro bono service.
- □ Improvement of the justice system, including ensuring equal justice and elimination of bias.
- □ Increasing public understanding of legal rights and responsibilities so people can recognize legal problems and know how to address them.
- Other. Please describe. Click here to enter text.

11. Briefly describe the need/problem/issue the project addresses. (Do not exceed 750 words.)

Click here to enter text.

- 12. From your Letter of Inquiry, cut and paste the answers to the questions about new and innovative from that document here.
  - a. <u>How is the proposed project/program new?</u> (Do not exceed 150 words.)

Click here to enter text.

b. <u>How is the proposed project/program innovative?</u> (Do not exceed 150 words.)

Click here to enter text.

13. <u>Briefly describe the project or program's measurable objectives that will be achieved with ABE grant funding. Feel free to use bullet points.</u> (Do not exceed 500 words.)

Click here to enter text.

14. Briefly describe the activities you will do to achieve the objectives of the proposed project or program. Feel free to use bullet points. (Do not exceed 750 words.)

Click here to enter text.

15. <u>Briefly describe how the success of the project will be measured/evaluated.</u> (Do not exceed 300 words.)

Click here to enter text.

16. If applicable, briefly describe the ways in which work on this project will involve collaboration or coordination with others in the community to extend its reach and to avoid duplication of services.

Click here to enter text.

- □ Not Applicable
- 17. If applicable, briefly describe how this project may be replicated by, or shared with, other organizations or communities.

Click here to enter text.

□ Not Applicable

### 18. <u>If requested funding is to start a program that will operate longer than one year or become</u> part of the organization's annual programming, briefly describe the plans for ensuring funding beyond the ABE Opportunity Grant? (Do not exceed 150 words)

Click here to enter text.

### □ Not Applicable

19. <u>Project Start Date?</u> Click to enter a date. <u>Project End Date?</u> Click to enter a date.

### 20. Indicate how you will acknowledge the ABE grant:

- □ Listed in the Annual Report. □ Print □ Online
- □ A press release or news article about the gift or the project.
- $\Box$  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., you produce from ABE grant funds in whole or in part.
- □ Other. Click here to describe.

# III. Project Service Data

21. Please select the primary focus of the project or program. (Select all that apply.)

- Criminal Justice (including rights restoration, expungement, pardon, system reforms)
- □ Employment, Workers Rights
- □ Education Law and Rights
- □ Elder Law
- □ Estate Planning, Guardianship Law
- □ Family Law
- □ General Legal Services
- □ Housing, Eviction, Foreclosure
- □ Human Trafficking
- □ Immigration Law
- □ Legal Rights and Responsibilities Education
- □ Youth Law
- □ Other Click here to describe.

22. Please select the primary activities the proposed project or program will use to achieve its objectives.

□ Legal rights education to the community – public awareness

- $\Box$  Legal rights education to individuals in the community training and education
- □ Lawyer (including pro bono) training
- □ Development of new or enhanced technology
- □ Development of new educational tools and resources
- Development of new legal practice tools and resources
- □ Legal service delivery
- □ Medical-Legal partnership
- □ Organizational capacity building
- □ Pro bono service delivery
- □ Community organizing
- □ Bias training
- Other Click here to describe.

# 23. Please select the primary age group(s) the program or project will serve?

- □ 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

# 24. Please select the primary population(s) the program or project will serve?

- **Racially or ethnically diverse** Click here to specify further if desired.
- □ Women or girls
- □ Men or boys
- □ Members of the LGBTQ+ community
- $\Box$  Poor or low-income people
- □ People living in rural areas
- □ People with disabilities
- □ People experiencing homelessness
- □ 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 involved people
- □ Disaster survivors
- □ Other Click here to specify.

# 25. If this is a direct service project, about how many people will be served during the grant period?

Click here to enter text.

### □ Not Applicable

### 26. <u>If the proposed project or program involves training, about how many people will be trained</u> <u>during the grant period?</u>

Click here to enter text.

#### □ Not Applicable

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

Click here to enter text.

### $\Box$ Not Applicable

### IV. Applicant Organizational Information

28. Organizational Mission/Vision Statement. (Do not exceed 300 words.)

Click here to enter text.

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

 $\Box$  Yes  $\Box$  No If yes, click here to identify and describe the relationship(s).

### 30. How did you learn about the Opportunity Grant Program?

Click here to enter text.

### 31. 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, building name, etc.Click here to enter City.Click here to enter StateClick here to enter Zip Code

Click here to enter the Organization's website address.

32. Briefly describe how your organization is addressing diversity, equity and inclusion. This can include the diverse clients and communities you serve or how you approach board and staff diversity and inclusion. (Do not exceed 200 words.)

Click here to enter text

# V. <u>Financial Information</u>

33. 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).

- 34. 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
- **35.** Applicant (or fiscal agent) EIN. Click here to enter EIN.
- 36. Total organizational expenses for the current fiscal year. Click here to enter total expenses.
- 37. 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.

### VI. Other Requested Documents (please check those attached)

- $\Box$  Cover letter.
- □ Organizational Budget (can be submitted in any format).
- □ Project/Program Budget Template (download this form from the ABE website and use it to submit the project budget).
- □ IRS Determination Letter (if the IRS Determination Letter is from the organization's fiscal agent, please attach the written fiscal agency agreement).
- List of the 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(s) who will provide day-to-day management of the project.
- □ Other documents (OPTIONAL) applicant would like to include (e.g., letters of support, samples of how donors are recognized by the organization, etc.).