

American Bar Endowment

Letter of Inquiry Form

1. **Applicant Organization:** Click here to enter the Organization's Name.

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).

Please attach a copy of the organization's IRS determination letter (or that of its fiscal agent).

If no, does this organization have a written fiscal agency agreement with another organization with that classification? Yes No Click here to enter the fiscal agent's name.

3. **Applicant (or fiscal agent) EIN.** Click here to enter EIN.

4. **Project Name:** Click here to enter the name of the project.

5. **In what grant focus area(s) does the proposed project/program 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.

6. **Short Project Description:** (**Do not exceed 500 words.**) The description should briefly describe: the problem, need or issue the project/program addresses, the main activities to be conducted, and the ultimate impact of the project.

Click here to enter text.

7. **How is the proposed program or project new?** Referring to the FAQ document, describe how the proposed project/program is new. (**Do not exceed 150 words.**)

Click here to enter text.

8. **How is the proposed program or project innovative?** Referring to the FAQ document, describe how the project/program is innovative. (**Do not exceed 150 words.**)

Click here to enter text.

9. Amount Requested: (See guidance in the FAQ document.) [Click here to enter the amount.](#)

10. What specific expenses will the ABE grant be used to support? (See the FAQ document for expense exclusions.) (Do not exceed 150 words.)

[Click here to enter text.](#)

11. Has the organization applied for ABE funds in the past? Yes No
If yes, when? 2016 2017 2018 2019 2020 2021

12. Has the organization received an ABE Opportunity Grant in the past? Yes No

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

[Click here to enter years and projects funded.](#)

13. 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](#)

[Click here to enter the Organization's Website Address.](#)