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**Creditor Debtor Rights Section – Grant Program
Application for 2020-2021**Due Friday November 13, 2020

 **A. APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **1. Agency/Organization**  |  |

|  |  |
| --- | --- |
| Address |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  |  State |  |  Zip |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone |  |  Fax |  | E-mail  |  |

|  |  |
| --- | --- |
| Board chair/president  |  |

|  |  |
| --- | --- |
| **2. Contact person & title** |  |

 *If different than above:*

|  |  |
| --- | --- |
| Address |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  |  State |  |  Zip |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone |  |  Fax |  | E-mail  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Type of application**  | 🞎 New | 🞎 Supplemental | 🞎 Renewal |

|  |  |
| --- | --- |
| **4. Program title**  |  |

|  |  |
| --- | --- |
| **5. Total amount requested** |  **$** |

|  |  |  |
| --- | --- | --- |
| **6. Status of program within the  organization**  | 🞎 New  | 🞎 Currently in operation  |

|  |  |
| --- | --- |
| **7. Program timeline for use of  grant funds (start/end date)**  |  |

|  |  |
| --- | --- |
| **8. Geographic scope of program** |  |

|  |  |
| --- | --- |
| 1. **Organizational status of applicant**
 |  |
| * + Unit of local government.
	+ Tax-exempt IRS Code 501 C3 non-profit corporation.

 *(please provide copy of IRS certification letter with application)** + Other (specify):
 |

|  |  |
| --- | --- |
|  **10. Employer’s identification number** |  |

 **11. Certification** I certify that the proposed program will be operated in compliance with the Americans with Disabilities Act. I further certify that no person shall on the grounds of race, sex, nationality, religion, or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to, discrimination under this project.

|  |  |
| --- | --- |
| 🞎 *Authorized representative check here to indicate assent.*   | Date |

|  |  |
| --- | --- |
| Name & title of authorized representative |  |
|  |  |

 **B. PROJECT NARRATIVE** *(please limit to two pages)*

Describe the various aspects of the program, including, but not limited to:

|  |  |
| --- | --- |
| * Program title.
* Period of operation using grant funds.
* Mission statement.
* Program operation and management.
* Expected outcomes.
 | * Target population.
* Number of individuals to receive creditor-debtor legal services and/or support.
 |

 **C. WORK STATEMENT – GOALS, OBJECTIVES & TASKS**

State the program goal(s), objective(s) for each goal, and tasks for each objective.

*Example*

Goal: To increase access to legal services for pro bono bankruptcy clients.

Objective # 1: Establish neighborhood clinic in West Park to review filing papers.

Tasks: To complete by December 31:

1. Locate and secure appropriate clinic location.
2. Organize and schedule volunteer staff.
3. Purchase supplies and materials, etc.

**D. EVALUATION PLAN**

Describe the method of program evaluation, including evaluating the outcomes of stated goals and objectives.

*NB*: The WSBA Creditor Debtor Rights Section requires a year-end program evaluation report that will be due in September 2021.

**E. BUDGET**

Provide a brief statement regarding the need for outside financial support in order to operate the program. Please describe:

* Annual operational budget of agency/organization (or include copy of budget).
* Program budget, including percentage of budget using WSBA Creditor Debtor Rights Section grant funds.

**F. APPLICATION SUBMITTAL**

***Application Deadline – November 13, 2020*** (*must be* *received via* *email by this date*).

Please address cover letter to: David KazembaGrant Program Chair

 WSBA Creditor Debtors Rights Section

Email application and cover letter to: DKazemba@overcastlaw.com

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