**Loudoun County Bar Association**

**Grant Application**

**Instructions**

This form must be filled out in its entirety to be considered. The complete application should be submitted electronically to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The application packet must contain the fully completed application form and all of the required attachments listed below. The LCBA Board of Directors may exempt current grant recipients from these requirements upon written request.

**Required Attachments**

* One copy of 501(c)(3) status letter from the IRS
* One copy of agency’s current annual operating budget
* One copy of agency’s audited financial statement (or copy of Form 990)
* One copy of agency’s Request for Taxpayer Identification Number and Certification (Form W – 9)
* One copy of the proposed project budget
* One copy of agency’s annual report
* Proof of general liability insurance
* List of agency’s Board of Directors
* Resume of program coordinator (if applicable)
* One to three letters of support
* Statement explaining why any requested document is missing or can’t be provided

**LCBA Grants Program Terms**

Applications are accepted on a rolling basis. Submission deadlines are September 30th and March 31st of each year. Any application received after the deadline will be considered for the next deadline.

Through the Grants program, the LCBA will award grants of funds to support community programs in Loudoun County which advance our mission. Grant awards will range from $250 to $2,500. Any awards of $500 or more must be voted on and approved by the LCBA membership, which may require additional processing time.

**Mission Statement:** The Loudoun County Bar Association’s mission is to advance the role of attorneys in Loudoun County through career development opportunities and community programs. We support local community programs that advance our mission with grants and volunteer hours. We support programs with the following three focus areas: 1. Legal services 2. Legal Education 3. Resources for underserved populations.

LCBA funds may not be used for newsletters, monthly publications, media items, fundraising efforts for other non-profit organizations or salaries.

**Organization Information**

Agency/Organization Name:

Address:

City/State/Zip:

Phone:

Contact Person/Title:

Project Title:

Total Funds Requested:

Signature of Executive Director or President of Board of Directors (required):

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Printed Name and Title Date

Please provide *brief* answers to the following questions.

**Your Program/Project Description**

1. Briefly describe your agency and its mission. Include the founding date of the program or agency [.
2. Briefly describe your organization’s community impact].
3. Describe the program/project in detail to include the population served; the planned or proposed activities or curriculum; and an implementation timeline with specific dates if possible.
4. Describe key staff and volunteer responsibilities, and explain why proposed staffing level is adequate for program/project implementation.
5. Indicate the number of people you anticipate will be served by this program annually.
6. Please outline the program’s goals, objectives, and intended outcomes, and provide two (2) quantitative and one (1) qualitative benefits of this project.
7. Please describe any collaboration or partnership with other organizations, if any, participating in the program/project and their roles (if partnering with another organization, please provide a letter of support from each partner organization).
8. Are you aware of other community agencies or organizations providing similar service, or targeting the group this program/project will serve? Please explain.
9. Are you modeling this program/project after a similar project in another community or city? If yes, provide project name, city, and contact person.
10. Is this program/project modeled after an existing evidence-based program? If so, please provide the program/project name and contact person.
11. How will the LCBA be acknowledged for its volunteer or funding support for this program/project?

**Financials**

1. Please detail the total funds requested from the LCBA ($2,500 maximum). In your attached program/project budget, please specify exactly how the funds would be spent and at what point in the program/project timeline.
2. Have you received funding from the LCBA in the past? If yes, provide the date of receipt and activity, program, or project funded.
3. Are you currently requesting or receiving additional funding from other organizations for this program/project? If yes, please list the names of all other organizations from which you are currently requesting or receiving funding.
4. If the program/project is ongoing, identify possible sources of future funding or community support.

**Evaluation**

The program/project should contain criteria to determine whether or not it has been a success (even if objectives were not met).

1. How do you plan to monitor and measure program/project outcomes and impact, and program/project success (what is your evaluation plan)?
2. Please provide the name, title, email address, and phone number of the person who will be responsible for monitoring and measuring program/project outcomes, impact and evaluation.

**Partnership Commitment**

1. Would your organization be willing to:

* Sign an annual contract or Memorandum of Understanding?
* Submit to an annual review of your program operations to determine how effectively the LCBA funds are being utilized?
* Provide a link to the LCBA’s website on your agency’s website?
* Allow the LCBA to be recognized in any publicity related to the project?

*Thank you for requesting support from the Loudoun County Bar Association. Completion of this application does not guarantee acceptance of your project. Your organization will be contacted once your application has been reviewed.*