# Legal Services Trust Fund Program

# Application Checklist for Legal Services Projects

**Applicant Name:**

Please check the completed application against this list of all materials required for a complete package. Submit the completed checklist on top of your application package.

The application must be received in the Legal Services Trust Fund Program Office by 5:00 p.m. on **Monday, June 2, 2014**. You must send the original application, with original signatures, **and** one copy of the application forms. Electronic or fax submissions will not be accepted in lieu of timely receipt of a fully executed, original hard copy under any circumstances.

Forms I through XI plus enclosures 1, 8, 9, and 11-13 must be submitted by all applicants. Forms III-A, III-B, VII-A, XI-A and XI-B, plus enclosures 5-7, 10 and 14 should be submitted by those applicants to whom they apply. **Do not send** enclosures 2, 3 and 4 if they were previously submitted to the Legal Services Trust Fund Program and no material changes were made to the documents in 2013.

**Application forms enclosed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I.** | Applicant Profile | | |
|  | **II.** | Description of Organization | | |
|  | **III.** | Eligibility Criteria | | |
|  | | | **III-A.** | Additional Requirements/$20,000 Projects |
|  | | | **III-B.** | Application for Pro Bono Allocation |
|  | **IV.** | Certifications | | |
|  | **V.** | Assurances | | |
|  | **VI.** | Quality Control Review | | |
|  | **VII.** | Annual Case Summary Report | | |
|  | **VII-A.** | Report on Self-Help, Education and Outreach Activities | | |
|  | **VIII.** | Staffing and Volunteer Report for Legal Services Projects | | |
|  | **IX.** | Source of Funding Report | | |
|  | **X.** | Total Corporate Expenditures | | |
|  | | | Itemized Expenses | |
|  | **XI.** | Qualified Expenditures | | |
|  | | | **XI-A.** | Additional Information about Expenditures |
|  | | | **XI-B.** | Expenditures by County |

Forward one set of completed electronic application forms in Microsoft Word and Excel format to trustfundprogram@calbar.ca.gov.

**Enclosures:**

|  |  |  |
| --- | --- | --- |
| **Enclosed** | **Previously Submitted** | **Does Not Apply** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **1.** | One extra copy of all application forms. | |
|  |  |  | **2.** | Articles of Incorporation certified by the Secretary of State. | |
|  |  |  | **3.** | Determination letter from the Internal Revenue Service granting your application for exemption, or a copy of your application for exemption and an explanation of its status. | |
|  |  |  | **4.** | Determination letter from the Franchise Tax Board granting your application for exemption, or a copy of your application for exemption and an explanation of its status. | |
|  |  |  | **5.** | | Letter from law school dean describing the history of the law school clinical program. |
|  |  |  | **6.** | | LSC grant award letter or contract showing amount of awards of LSC funds through another agency (applicants that checked box B.1 or B.3 on Form III). |
|  |  |  | **7.** | | Contract or determination letter indicating amount of awards of Older Americans Act funds (applicants that checked box B.2 or B.4 on Form III). |
|  |  |  | **8.** | | Current income level criteria for individuals eligible for service. |
|  |  |  | **9.** | | Audited or reviewed financial statement for the fiscal year ended most recently. |
|  |  |  | **10.** | | If the program’s fiscal year does not end on December 31**,** enclose an income and expense statement covering the period from the first day of the fiscal year through December 31, 2013. | |
|  |  |  | **11.** | | A roster of board members including affiliations, addresses, and phone numbers. | |
|  |  |  | **12.** | | A current organizational chart. | |
|  |  |  | **13.** | | A current salary schedule. | |
|  |  |  | **14.** | | Agreement to permit a Trust Fund Program applicant who contributes funds to another applicant to count the funds. | |