

NEW YORK STATE LAWYER ASSISTANCE TRUST

GRANT APPLICATION

Submit to: Lawyer Assistance Trust, 54 State Street, Suite 802, Albany, NY 12207
Questions? Call: Barbara F. Smith (518) 285-4545 or e-mail: bsmith@courts.state.ny.us

Applicant/Organization Name:	
Federal Tax ID Number (for organization applicants):	
Social Security Number (for individual applicants):	
Contact Person:	
Address:	
County:	Judicial District:
Telephone:	Fax:
E-mail address of contact person:	
Date of Application:	

Grant Request Amount:	
Total funding necessary to complete the project:	
Project is:	<input type="checkbox"/> NEW <input type="checkbox"/> ONGOING

Narrative (maximum 3 pages)

1. DESCRIBE YOUR REQUEST:

What problem need or issue does your project address? How will the project address the problem?
Is the project new or ongoing?

Who will be involved in carrying out the project?

What persons or groups will be served [including specifics about demographics such as gender, age]? What geographic area will be served by the project?

If the project is being conducted in cooperation with other entities, identify them, their role, contact persons including address, telephone and fax.

What is the anticipated time for project completion? How will you evaluate the success of the project?

2. FUNDING: If additional funding to support your project is necessary, provide a list other funding sources for the request, including amounts and whether received, committed or pending. If the project has been in operation, please indicate sources of funding for the past 2 years. If the project will continue beyond this year, please describe the funding plan and source to sustain its operation. Explain what expenses will be paid from the grant, e.g., staff salary, direct providers of services, transportation expenses, equipment, supplies, printing and copying, telephone and fax, and/or postage and delivery. LAT funds may not be used for general overhead expenses such as rent, utilities or maintenance. LAT funding may not be used to pay honoraria to speakers at CLE programs, although Applicants may utilize their own funding for that purpose.

3. DESCRIBE YOUR ORGANIZATION:

Is your organization a §IRC 501[c][3] organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
If not, please explain:
Name of Executive Director:
Name of Project Director:
For organization, please note number of: _____ Full time employees _____ Part time employees _____ Volunteers
Planned staffing, volunteers for the project: _____ Full time employees _____ Part time employees _____ Volunteers
What percentages of operating revenue are derived from: _____ Government funding _____ Grants _____ Fund raising _____ Investment Income _____ Membership dues _____ Other (please explain)

Applicants for a Grant to Support Treatment Related Expenses Supply the following additional information
1. The name and address of the licensed professional who performed or will perform the evaluation of, and determine the level of treatment required by the attorney, judge or law student requiring treatment services: [Note that NYSBA LAP Director Patricia Spataro (800) 255-0569 and NYC Bar LAP Director Eileen Travis (212) 302-5787 are available to provide evaluations and advice with respect to treatment options.]
2. A statement that other sources of payment for treatment, such as insurance benefits or liquid personal funds of the intended beneficiary attorney, judge or law student(s) will be/have been depleted before LAT grant funding to support treatment is used.
3. A statement that the LAT funds provided will fund treatment only by a provider duly licensed, accredited or otherwise certified by an appropriate state agency responsible for the regulation of alcoholism, substance abuse or chemical dependence services.
4. If the Applicant requests a grant to reimburse funds already expended for treatment related expenses, supply copies of the treatment provider's invoices for services rendered and proof of payment, such as a cancelled check.

- Please Attach:**
- A brief description of your organization, its history and major accomplishments
 - A list of the board of directors; describe how it is selected, by whom and how often
 - An organizational chart
 - The most recent, completed full year organizational financial statement (expenses, revenue and balance sheet), audited, if available
 - Applicant/Organization's current annual operating budget
 - A description of your bidding procedures, if applicable
 - A copy of your IRC §501[c][3] letter
 - A statement that you have timely filed with the Attorney General's Charities Bureau all required periodic or annual reports

Send two copies of the application and attachments to:
Lawyer Assistance Trust, 54 State Street, Suite 802, Albany, NY 12207