****

**2022 Grant Application**

**INSTRUCTIONS**: Please email this application, together with a signed copy of the 2022 Grant Guidelines and Conditions, to probonotrustfund.dcba@gmail.com, no later than **Monday, November 28, 2022.**

|  |  |
| --- | --- |
| Organization name: |  |
| Organization Address,City, State Zip: |  |
| Organization website(if applicable): |  |
| Contact person: |  |
| Title: |  |
| Phone number: |  |
| E-mail address: |  |
| Amount requested: | $ |

Describe the mission and history of the organization, including a statement confirming that it is a 501(c)(3) organization and identification of client population served:

Describe how the requested funds will be used (goals and objectives, priorities and needs to be addressed, population to be served, staff resources and timeline):

Explain how the intended outcomes will be measured and evaluated:

**BUDGET\***

Please explain how the requested funds are to be used in each category. Please provide details below as to what other funding you have, either in hand or as a pending application to another source or sources.

\**This is a sample budget. You may adjust categories if needed as long as the format is followed.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DCBA PBTF** | **Other Funding Source** | **Total** |
| Personnel Costs: |  |  |  |
| Professional Staff Salary |  |  |  |
| Support Staff Salary |  |  |  |
| Interns/Law Clerk Stipend |  |  |  |
| Payroll Taxes |  |  |  |
| Fringe Benefits |  |  |  |
| **Total Personnel Costs**: |  |  |  |
|  |  |  |  |
| Non-Personnel Costs: |  |  |  |
| Equipment |  |  |  |
| Postage/Delivery |  |  |  |
| Printing and Copying |  |  |  |
| Rent and Utilities |  |  |  |
| Supplies |  |  |  |
| Telephone and Fax |  |  |  |
| Training |  |  |  |
| Travel |  |  |  |
| Other: |  |  |  |
| **Total Non-Personnel Costs:** |  |  |  |
|  |  |  |  |
| **Total Budget:** |  |  |  |

25168782.1