

633 Franklin Avenue

PMB #118

Nutley, New Jersey 07110

973-819-9488

**Grant Application: 2013**

**Deadline: January 15, 2013**

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PLEASE MAIL COMPLETED GRANT APPLICATION WITH SUPPORTING MATERIALS TO:

Colleen Skinner

New Jersey Women Lawyers Association

633 Franklin Avenue, PMB #118

Nutley, New Jersey 07110

AND e-mail PDF of the same TO:

[cskinner@njwla.org](mailto:cskinner@njwla.org)

Please send original copy of Grant Agreement with authorized signatures by mail.

For questions, please call Colleen at (973) 819-9488.



**GRANT APPLICATION**

Name and Description of Organization/Institution:

Name of Foundation (if applicable):

Tax ID Number:

Address:

City:       County:       State:       Zip Code +4:

Day-to-Day Contact Person:

Phone: (Please use direct line if available):      Fax:

Email Address:       Website:

Program/Project Title:

Program/Project Director:

**Total Grant Amount Requested:**

Identify all other co-sponsoring entities supporting your project and/or applications made to co-sponsors and amounts granted by, and/or requested from, co-sponsors:

Program’s efforts are for research, development, and/or implementation of solutions, strategies and initiatives to address #(s)      below:

1) the support and promotion of women lawyers to the highest levels of law firm, government, academic, community and corporate positions and the judiciary;

2) the engagement in statewide and/or nationwide efforts designed to retain women in the legal profession, including through providing education;

3) the removal of barriers to women’s entry and advancement in the legal profession;

4) the development and promotion of women leaders, role models and mentors in the legal profession;

5) the education of the legal profession and general public about gender equity concerns and issues related to the legal profession.

6) providing a voice for women, including in shaping legislation of importance to women; and/or

7) encouraging women to attend law school.

**Permission to publish:**

***Permission is hereby granted to NJWLA to publish the grant award recipient and information contained within the Grant Application in the event the applicant is a grant recipient.***

**By submitting this Grant Application, the applicant acknowledges that a condition of any grant award is that the Grant Agreement shall be signed by two officers of the organization or by the individual recipient. A copy of the Grant Agreement is attached to this Application.**

Authorized Signatory:

Name and Title (Printed):

Phone Number: Date:

Other Information:

All applications must be accompanied by:

• A listing of the organization’s current Board of Directors.

• A copy of the organization’s Certificate of Incorporation.

• *If requesting more than $7,500*, please include a copy of the organization’s most recent audit or an organization-wide financial statement certified by a financial officer or treasurer.

**ABSTRACT and STATEMENT OF NEED, PURPOSE OF GRANT   
AND EVALUATION PROCESS:**

In the space below, please provide a clear, concise abstract describing the program/project for which you seek funding, written for release to the general public should this application be chosen for funding. Specifically, your abstract should include a short description to the extent applicable of: your research; the service(s) you plan to provide; your intended audience and/or beneficiaries; what efforts will be made to publicize the program to its intended audience; what mechanism will be used to evaluate the success of the program; the current need to be addressed by the program/project; and any other relevant applicable information. (please type here – not to exceed 3 typed pages). Please note that NJWLA is most interested in applications with a geographic focus that benefits individuals living and working in New Jersey.

Detailed Budget for the Grant Cycle: February 2013 through January 2014

**Program Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel (include a description of each person’s role)** | **Projected Hours to Be Spent on Program/Project** | **Applicable Salary and/or Hourly Rate** | **Dollar Amount Requested** |
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| **Supplies (Itemize specifically by category, quantities and cost per item):** | | |  |
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| **Travel:** | | |  |
| **Other Expenses (Itemize specifically by category and include quantities and cost per item):** | | |  |
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| **TOTAL FUNDING REQUESTED FROM NJWLA :** | | |  |
|  | | |  |
| **Co-Sponsor’s Contribution:**  **(Identity per Co-Sponsor)** | | |  |
| **Other Contributions:** | | |  |
| **TOTAL BUDGET FOR PROJECT:** | | |  |

**PLEASE ATTACH ANY RELEVANT INFORMATION REGARDING BUDGET JUSTIFICATION AND OTHER SOURCES OF FUNDING**

**BIOGRAPHICAL INFORMATION**

Information should be submitted for the Program Director and personnel included in budget request only. Please use a separate form for each person.

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**NAME**:       **TITLE:**

**EDUCATION** (Begin with baccalaureate or initial professional education, include postdoctoral training):

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| --- | --- | --- | --- |
| **INSTITUTION** | **DEGREE** | **YEARS DEGREE HELD** | **FIELD OF STUDY CONFERRED** |
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**PROFESSIONAL EXPERIENCE:** Please attach and list, in chronological order, concluding with present position, previous employment, experience and honors.

**RELEVANT PROFESSIONAL EMPLOYMENT EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY OR INSTITUTION** | **TITLE AND RESPONSIBILITIES** | **YEARS OF SERVICE** | **REFERENCES: (Optional)** |
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**\*IMPORTANT\***

**PLEASE PROVIDE A DETAILED INDEX OF ALL ATTACHMENTS TO THIS APPLICATION.**