



**Grant Application: 2014  
Deadline: December 6, 2013**

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PLEASE MAIL COMPLETED GRANT APPLICATION  
WITH SUPPORTING MATERIALS TO:

Colleen Skinner, Executive Director  
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 2014 through January 2015

**Program Name:**

|  |   |   |                                |
|--|---|---|--------------------------------|
| <b>Scope of Work and Timeline for Completion of Each Component/Project within Scope of Work:</b>   |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
| <b>Personnel (include a description of each person's role)</b>                                     | <b>Projected Hours to Be Spent on Program/Project</b> | <b>Applicable Salary and/or Hourly Rate</b> | <b>Dollar Amount Requested</b> |
|  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
| <b>Supplies (Itemize specifically by category, quantities and cost per item):</b>                  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
|  |   |   |                                |
| <b>Travel:</b>   |   |   |                                |
| <b>Other Expenses (Itemize specifically by category and include quantities and cost per item):</b> |   |   |                                |
|  |   |   |                                |
| <b>TOTAL FUNDING REQUESTED FROM NJWLA :</b>  |   |   |                                |
|  |   |   |                                |
| <b>Co-Sponsor's Contribution:</b><br>(Identity per Co-Sponsor)                                     |   |   |                                |
| <b>Other Contributions:</b>  |   |   |                                |
| <b>TOTAL BUDGET FOR PROJECT:</b>   |   |   |                                |

**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):

| INSTITUTION | DEGREE | YEARS<br>DEGREE<br>HELD | FIELD OF STUDY<br>CONFERRED |
|-------------|--------|-------------------------|-----------------------------|
|             |        |                         |                             |
|             |        |                         |                             |
|             |        |                         |                             |
|             |        |                         |                             |
|             |        |                         |                             |

**PROFESSIONAL EXPERIENCE:** Please attach and list, in chronological order, concluding with present position, previous employment, experience and honors.

### RELEVANT PROFESSIONAL EMPLOYMENT EXPERIENCE

| COMPANY OR<br>INSTITUTION | TITLE AND<br>RESPONSIBILITIES | YEARS OF<br>SERVICE | REFERENCES:<br>(Optional) |
|---------------------------|-------------------------------|---------------------|---------------------------|
|                           |                               |                     |                           |
|                           |                               |                     |                           |
|                           |                               |                     |                           |
|                           |                               |                     |                           |
|                           |                               |                     |                           |

**\*IMPORTANT\***

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