



Grant Application: 2015
Deadline: December 15, 2014

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

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 use, publish, exhibit and/or reproduce the name of the grant award recipient and information

contained within or attached to the Grant Application or any reports submitted (the "Materials"), in the event the applicant is a grant recipient, in any and all media now known or later developed, and for any and all purposes, without the payment of any royalty or compensation of any kind. The applicant herein releases NJWLA and any affiliated or related persons or entities from any and all claims and causes of action based upon NJWLA's use of the Materials. By signing this application, you warrant that you are the sole owner of the rights granted and that the Materials you submit do not infringe upon the copyright or rights of anyone.

By submitting this Grant Application, the applicant acknowledges that a condition of any grant award is that the Grant Agreement shall be submitted and signed by two officers of the organization or by the individual recipient. A copy of the Grant Agreement that grant recipients must sign 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: January 2015 through December 2015

Program Name:

| | | | |
|--|---|---|--------------------------------|
| Scope of Work and Timeline for Completion of Each Component/Project within Scope of Work: | | | |
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| 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: (Identify 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.

NAME:

TITLE:

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

| 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.