

Illinois Armed Forces Legal Aid Network (IL-AFLAN)
A Project of Illinois Equal Justice Foundation
 Grant Application: 2017

TELEPHONE ADVICE & REFERRAL SERVICES

INSTRUCTIONS

Please submit applications (this cover page document, the proposal narrative, summary and the required attachments) **electronically** (PDF files preferred) to grants@iejf.org and to ZZarnow@iejf.org by **March 13, 2017**. You will receive an email receipt within one week.

If you have problems submitting the application and attachments electronically or have questions about the process, please call Zach Zarnow, IEJF Program Director, at 312-938-2106. You can also contact Zach via e-mail at ZZarnow@iejf.org.

COVER PAGE

Organization	
Mailing Address	
Telephone	
Fax	
Web site	

Program Director	
Title	
Telephone	
E-mail	

Amount Requested	\$	
Amount of IEJF Funding Last Received	\$	
Summary of Grant Request (1-2 sentences)		

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Eligibility Checklist	X
I hereby certify that the applicant organization:	
<ul style="list-style-type: none"> ▪ Provides legal advice and referral services free of charge or on a sliding scale to low-income veterans, active duty military, and their dependents and spouses, defined as those with household incomes of 80% of Chicago AMI or less. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Will not use this funding to provide services to a spouse or dependent that are adverse to the veteran or member of the military. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Will not use this funding to provide services to veterans with a dishonorable discharge. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Will work with non-legal social service providers and networks in the veteran space to make and take referrals. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Will provide statewide services. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Provides coordinated intake, legal advice, and referral services on civil legal issues. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Uses licensed attorneys to provide services to callers. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Evaluates the effectiveness of the program, as well as the satisfaction of clients, volunteers, and referring organizations. 	<input type="checkbox"/>

Organizational Qualifications & Assurances		
	YES	NO
Does the applicant maintain tax-exempt status as a not-for-profit organization under Section 501(c) (3)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant maintain malpractice/professional liability insurance coverage for legal staff providing services as a part of the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant extend malpractice/professional liability insurance coverage to volunteer lawyers providing services as part of the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant maintain Directors & Officers insurance coverage for its Board of Directors?	<input type="checkbox"/>	<input type="checkbox"/>
Are attorney staff members who are providing legal services as a part of the proposed project appropriately licensed to practice law in Illinois?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a data security policy in place?	<input type="checkbox"/>	<input type="checkbox"/>
Did the most recently completed audit process result in a management letter that identified significant deficiencies, material weaknesses, or other issues related to financial control?	<input type="checkbox"/>	<input type="checkbox"/>

On behalf of the applicant organization, I hereby certify that all the information presented above is true.

Signature	Date
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Required Attachments	<i>Please submit as PDF file(s)</i>	X
▪ Letter from IRS regarding tax exempt status.		<input type="checkbox"/>
▪ Governing board list, with addresses and affiliations.		<input type="checkbox"/>
▪ Audited financial statements for the most recently completed fiscal year.		<input type="checkbox"/>
▪ Any audit management letters, SAS 115 communications of significant control deficiencies and materials weaknesses and any A-133 reports for the most recently completed fiscal year.		<input type="checkbox"/>
▪ Budget to actual income and expense report for most recently completed fiscal year if audit is unavailable and/or if fiscal year end is not June 30.		<input type="checkbox"/>
▪ Operating budget for the grant period.		<input type="checkbox"/>
▪ Project budget for the grant period if applicable.		<input type="checkbox"/>
▪ Fee schedule if program charges fees.		<input type="checkbox"/>

Proposal	<i>Please submit as PDF file(s)</i>	X
<p>Narrative: In no more than eight (8) pages, please describe the services provided by your program’s legal services hotline. Explain how you will use the requested funds to increase and improve those services. Include specific goals and explain how the activities to be supported will benefit callers. Be sure to relate the proposal to the <u>evaluation criteria</u> included in the Illinois Armed Forces Legal Aid Network guidelines.</p> <ul style="list-style-type: none"> • Goals and Objectives: Please provide a goal/goals for the project, along with S.M.A.R.T. objectives. Goals are broad, objectives should be Specific, Measurable, Attainable, Relevant, and Time bound. Applicants will be required to report on goals and objectives in the mid-year and final reports. Please see IL-AFLAN Grant Guidelines for more information. • Evaluation Plan: How do you measure and evaluate success for your organization? What data do you currently collect and how? How do you use this to track progress toward goals? What are the biggest opportunities/challenges you face around collecting this data? Who on staff “owns” evaluation activities? 		<input type="checkbox"/>
<p>Summary: Include a 1-2 page summary of the proposal narrative. All members of the IL-AFLAN Access to Civil Justice Council receive a copy of this summary.</p>		<input type="checkbox"/>