

## 2020 ATJ Grants (Interpreter Bank) Application

### Instructions

#### 2020 Access to Justice Grants Program Application for Shared Interpreter Bank Requests

This application is due by 12:00 ET on Friday, August 23, 2019.

Before beginning the application, please read the program guidelines, application instructions, and award process information [here](#). For technical assistance, please refer [here](#). If you have questions, please email [grants@dcbfoundation.org](mailto:grants@dcbfoundation.org).

#### Required:

1. **Organization Information** describes the overall civil legal aid organization that is applying for DCBF funding. If you are applying for more than one grant, this information should be the same for all applications since it is about your organization, rather than about your proposal.
2. **Proposal** describes the project for which public funding is requested.
3. **Attachments** includes organization financial information, required signatures, the data packet (the project budget, staffing, and funding), client eligibility guidelines, letters of support, memoranda of understanding, resumes, and any supplemental documents.

#### Applicant Information Session

A joint information session for organizations interested in submitting proposals for the 2020 ATJ Underserved Areas, Housing-related Matters, and Interpreter Bank Grants Program and/or the 2020 Private Grants Program will be held on **Tuesday, July 30** from **2:30 pm to 4:30 pm**. RSVPs are required. Please [follow this link to RSVP](#) by July 25.

### Organization Information

#### Organization Information

Organization Name

Website URL

Street Address

City      State

Postal Code

Physical Address Where Services are Being Provided

If different from organization's address

**Contact Person for this Application**

First Name      Last Name

Job Title

Email Address

Office Phone  
Format: XXX-XXX-XXXX

**Executive Director Information**

First Name

Last Name

Email Address

Office Number  
Include extension, if applicable

**Organization's Budget and Legal Staff**

Fiscal Year Start & End

Example: October 1 to September 30

**Organization's Total Budget (Current Fiscal Year)**

No commas or dollar signs. EX: 1500000

**Total Budget for Legal Services Department (Current Fiscal Year)**

If your organization's sole activity is providing legal services to low-income people, your legal services department budget will be the same as the amount you provided in "Organization's Total Budget". No commas or dollar signs. Example: 500000

**Current Legal Services Department Staffing****Number of Casehandling Staff and Senior Attorneys:**

Count part-time employees as 1.

**Number of Casehandling Legal Supervisors, Legal Directors and Executive Director:**

Count part-time employees as 1.

**Total Number of Casehandling Attorneys Employed by your Organization:**

Count part-time employees as 1.

**Organization's Mission and Legal Services**

What is your organization's mission statement?

Briefly describe a recent success in increasing access to justice for low-income DC residents that you believe best exemplifies the work of your organization.

Have any major changes occurred in the past year that could significantly affect your organization's capacity to carry out this proposal, and if so, how will you address the challenges or opportunities presented?

**Organization's Systems for Promoting Quality, Efficiency, and Effectiveness in the Delivery of Civil Legal Aid**

In the last year, how did your organization use client feedback to improve its legal services?

How does your organization ensure that its legal representation and other legal services are effective?

Other than legal representation, what legal assistance does your organization provide?

For example - telephone intake and legal advice, pro se assistance, community legal education, etc.

Other than legal representation, what non-legal assistance does your organization provide?

For example - counseling services, access to social workers, etc.

In the last year, how did the organization collaborate with and influence stakeholders, including non-legal stakeholders, involved with its client population? Please give one or two examples of your most significant recent collaborations.

## Proposal

### Executive Summary

If this grant is awarded, please provide contact info for the most senior legal staff member working directly on the project.

First Name

Last Name

Job Title

Email Address

Project Name

Grant Category

This application is only for the Shared Legal Services Interpreter Bank.

Shared Legal Services Interpreter Bank

Describe the primary objective of this project in one or two sentences.

Example: This project will provide legal services to returning citizens facing housing discrimination.

Is this a proposal for a project that DCBF has not funded in the past 3 years?

**New Funding Interviews:** Please complete **this form** if this is a new proposal or this project has not received funding from DCBF in the past three years. Representatives of new projects may be required to interview with staff and members of the Foundation's leadership. The interview will last approximately 45 minutes and take place the week of September 23. There will be two slots in the morning, and two or three slots in the afternoon, depending on the number of applicants we receive. DCBF staff will contact the organization's executive director by September 6 to schedule the interview.

Are you applying for a joint project?

Please refer to the Program Overview and Application Instructions document for explicit instructions on how to apply for a joint project using the online application system.

Please list below the organization(s) with which you are submitting a joint application.

Please provide the organization's full name, not the abbreviation. If you are not applying for a joint project, type "N/A".

## Funding Request, Budget, and Staffing

Funding Request:

January 1, 2020 - December 31, 2020

Total Project Budget:

January 1, 2020 - December 31, 2020

Percent of Project Request to be Funded by DCBF:

Do not include percentage symbol, and round to nearest whole number.

Total number of attorney full-time equivalents (FTEs) to be covered by the requested DCBF funds:

Total number of attorney FTEs that are or will be working on this particular project under the total project budget:

## Statement of Need and Strategy

Provide brief outline of need(s) or issue(s) to be addressed:

How will your project address these need(s) or issue(s)?

State the project goals and any activities the organization will undertake to achieve those.

Provide a description of your request.

How does your project expand the number of DC residents who are provided with civil legal assistance?

Are there any emerging civil legal needs of which DCBF should be made aware?

### **Innovation and Capacity for Delivering the Services that are Proposed**

How does your project leverage the existing capacity of your organization to offer more and better legal services for low-income DC residents?

How does your project make legal assistance more accessible to DC residents?

What is your outreach plan to reach low-income DC residents who would benefit from your services?

How does your project leverage DCBF resources to foster collaboration among legal aid and related agencies serving low-income DC residents?

How does your project avoid duplication of services by having formal coordination systems with other providers serving the same areas of the District, the same issue areas, or the same special population segments as those proposed?

Summarize any technology or other infrastructure assets that your organization will utilize for advancing the goals of this proposal. Also explain any new or expanded technology or infrastructure that would help you reach your goals during the grant year.

How does your project test innovative approaches for aligning with DCBF's priorities?

### **Sustainability and Impact**

What is your fundraising plan to support this project beyond the term of this grant?

DCBF is moving beyond **outputs** (how many people received what service) to **outcomes** (what happened as a result of the service). What outcomes do you expect from the services you are providing?

Note: we are not necessarily talking about legal outcomes.

What data points will you use to measure these outcomes?

### Proposed Performance Measures

#### Proposed Performance Measures

**Directions:** Please provide estimates for each criteria for the grant period (January 1, 2020 to December 31, 2020). If your proposal is approved, these will become your performance measures for the grant year, and you will report progress on these goals to DCBF semiannually. Definitions for many of these terms are included in the section on performance measures in the **Program Overview and Application Instructions**.

#### Performance Measures for the Volume and Scope of Services

Number of legal aid providers you plan to provide with interpreter and/or translation services:

Short description for legal aid providers:

Number of low-income DC residents you plan to provide with interpretation and translation services:

Short description for residents:

Number of documents you plan to translate:

Short description for documents:

Number of languages for which you plan to provide translation:

List the languages for which you plan to provide translation:

## Performance Measures for Increasing Accessibility to Legal Services

Estimate the **percentage** of low-income DC residents that will receive services from each Ward. **The cells should sum to 100%**. If you do not expect to serve anyone from a particular Ward, enter "0." Do not enter percentage symbols, and enter only whole numbers.

Ward 1      Ward 2      Ward 3      Ward 4      Ward 5      Ward 6      Ward 7      Ward 8

Homeless or No Ward

Explanation of percentages, if needed.

Example: "We plan to open a new intake center in Ward 7."

Do you plan to use these funds to support an office, office hours, or targeted outreach in Wards 5, 7, or 8?

If so, please provide address and zip code. Please described targeted outreach activities and why.

## Performance Measures for Outreach and Training

Number of DC organizations that you plan to inform about your services:

Short description for local information sharing:

Number of regional and national organizations that you plan to inform about your services:

Short description for regional and national information sharing:

## Attachments

### Organization Attachments

To upload an attachment, click "Choose File" and select the document from your finder window. When that window closes, click "Upload" back on the browser window.



### Nonprofit Status

The organization's Internal Revenue Service ruling letter regarding applicant's tax-exempt status

### Organizational Budget

Required on one application. The organization's current annual organizational budget, including breakout of expenditures specifically for civil legal services to low-income people.

### Form 990

The organization's most recent Form 990 and schedules.

### Audited Financial Statements

Provide the organization's most recent audited financial statements. Include the auditor's notes and management letter.

## Proposal Attachments

### Required Signatures

Download Attachment: Required Signatures form [here](#).

### Attachment: Data Packet

Download Attachment: Data Packet [here](#). Complete all tabs.

### Attachment: Client Eligibility Guidelines (Residency and Income)

A description of the reasonable inquiry the organization makes into the clients' **residency** and **income** to determine client eligibility for services under the grant. Please note that this application shall not prohibit grantees from having eligibility guidelines that provide service to other eligible clients. If your organization does not have income guidelines, you must describe the income guidelines for this project and how you will ensure that these guidelines will be enforced.

### Letters of Support (optional)

Provide 1-3 **current** letters of support (including name, address, telephone number, and e-mail address) from persons/organizations who are, or have been, users of the organization's services, or are familiar with the organization's work or work in a related area. Please make sure the letter is either addressed or copied to Ms. Imoni Washington, DC Bar Foundation, Director of Programs. Combine all letters of support into one PDF and upload.

### Resumes

Current resumes of all staff and supervisory personnel who will be involved in the activity for which funding is sought. If any positions are currently vacant, include the positions' job descriptions. Combine all resumes and job descriptions into one PDF and upload.

**Memoranda of Understanding (optional)**

List your current Memoranda of Understanding (MOUs) between organizations proposing a joint project and/or if your organization has a formal relationship with another organization under this project.