



The following is information for applying for a **2019 Grant** from The Orange County Bar Association Charitable Fund.

GRANT CYCLE

Submission deadline is Friday, December 6, 2019.

Applications must be submitted to the OCBA Charitable fund via email to charitablefund@ocbar.org in pdf format not later than 5 o'clock p.m. on the day of the deadline. Grants will be awarded during the first quarter of the year. However, grants awarded for \$10,000 or more may be distributed in two installment payments: half during the first quarter of the year and half during the third quarter of the year.

MISSION

As the charitable giving and fundraising arm of the Orange County Bar Association (“OCBA”), the OCBA Charitable Fund provides resources to organizations and programs in order to enhance the system of justice and promote equal justice for all.

GRANT GIVING POLICY

The OCBA Charitable Fund oversees and administers all of the charitable giving for the Orange County Bar Association. It is dedicated to bettering the Orange County community and legal profession by facilitating access to justice. This goal is achieved by making monetary contributions to projects championed by the Orange County Bar Association, or to carefully selected Orange County law-related organizations. Selected grant recipients must meet the following standards:

- Outside recipients must be OCBA-related projects, or 501(c)(3) nonprofit organizations serving Orange County residents.
- Goals and objectives of recipient projects or organizations must be consistent with the Charitable Fund’s Mission.
- Support will not be provided for political organizations/programs, political candidates or partisan organizations.
- Support will not be provided for religious groups (for religious purposes), fraternal or social organizations, or athletic organizations, except for specific projects that espouse the Charitable Fund’s mission.
- Support will not be provided for additions to endowments and/or capital campaigns.

By making gifts within these parameters the Charitable Fund enhances the system of justice and promotes equal justice for all in the most effective manner.

CONDITIONS OF OCBA CHARITABLE FUND GRANTS

1. Once the OCBA Charitable Fund receives an application, the application becomes the property of the OCBA Charitable Fund. Applicant authorizes the OCBA Charitable Fund to communicate with other foundations, funding sources, and organizations to obtain information and status reports on other funding requests the applicant has submitted.
2. Grant awards must be used strictly in accordance with the proposal and budget submitted in writing to the OCBA Charitable Fund. A grantee must petition the OCBA Charitable Fund for permission to make any changes or alternate uses of grant funds.
3. A letter agreement accepting the terms and conditions of the grant must be signed and returned to the OCBA Charitable Fund within one month of notification of the grant award, or the award will be rescinded. This must be returned before grant is awarded.
4. Oral Interview. Once an organization is vetted and all requirements have been met, each organization may be interviewed by a Director of the OCBA Charitable Fund.
5. After approval, a semi-annual progress and financial report must be submitted. At the discretion of the OCBA Charitable Fund, a site visit may be scheduled to evaluate the project or organization.
6. A final report and evaluation of the project is required.
7. OCBA Charitable Fund grant awards must be expended within 12 months of the date of the award.
8. The Executive Director of the OCBA Charitable Fund may grant a six-month extension if there has been a good faith effort to complete the project.
9. The OCBA Charitable Fund requires that any organization receiving a grant must give credit to the OCBA Charitable Fund.

CHECKLIST OF REQUIRED CONTENTS

Send copies of all required materials in pdf format via email to charitablefund@ocbar.org

- ❑ Cover letter describing the project. The cover letter is to include the following:
 1. Problem Statement: What is the specific problem or problems that the applicant wants to solve through the proposed program? Who is the target group of individuals to benefit from the program or programs?
 2. Program Objectives: Description of outcomes of the grant in measurable terms. How does it help the target group? State the objectives for the program.
 3. Methods: Activities to be conducted to achieve the desired objectives.
 4. Evaluation Process: Present a plan for determining the degree to which the objectives are met and methods are followed. How does the organization plan to be able to measure success, and who will be doing the evaluation? How does the program help the target group with their specific needs and problems? Is the problem supported by statistical evidence? And, if so, please describe.
- ❑ Completed Application Form
- ❑ Copy of Internal Revenue Service Tax Exempt Determination Letter and IRS Form 990
- ❑ Recent Annual Financial Audit completed in the last 12-months in which grant funds are requested
- ❑ List of Board members, Officers and the Executive Director with contact information including business name, addresses, telephone numbers, website URL and email address.
- ❑ List of Staff of the Organization or organizational chart with staff names
- ❑ Copy of Organization's current bylaws

OPTIONAL CONTENTS

Send any optional materials in pdf format via email.

- ❑ Newspaper clippings about the organization or project
- ❑ Brochures or other printed materials

**ORANGE COUNTY BAR ASSOCIATION CHARITABLE FUND
GRANT APPLICATION INFORMATION SHEET**

Date of Application: _____ Legal Name of Organization Applying: _____
(Should be the same as on IRS determination letter and as supplied on IRS form 990)

Purpose/Mission of the Organization: _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Executive Director: _____

Contact Person/Title (if different from Executive Director): _____

Address (principal/administrative office): _____

Mailing Address, if different from above: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Brief description of Project. (If you are making a grant application for more than one project, please describe each project and complete pages 4-6 for each separate project): _____

Total Amount Requested: \$ _____ **(must state specific amount)**

If the amount requested is over \$10,000, would the organization be able to accept two installments, half received during the first quarter of the year and the second half during the third quarter of the year?

YES NO

If No, please explain your funding needs for this project: _____

Geographic Area Served: _____

Board of Directors Chair/President _____ Date: _____
(Signature)

Typed Name and Title: _____

Executive Director _____ Date: _____
(Signature)

Typed Name and Title: _____

Project/Program Description

1. Indicate which element(s) of The OCBA Charitable Fund’s mission the project will address:

Fosters legal services to the indigent or disadvantaged
Educates the public about their rights and responsibilities under the law
Enhances the administration of justice
Promotes equal justice for all

2. Project Title (does not include organization’s name)

3. List previous applications to the OCBA Charitable Fund:

| <u>Project Title</u> | <u>Year</u> | <u>Amount Awarded</u> |
|----------------------|-------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Has a previous application been submitted for the same or a substantially similar project/program? If yes, describe.

5. Every six months for the duration of a grant, a grantee must submit a progress report and financial information to the OCBA Charitable Fund. Who will be the person responsible for these reports? In this person aware of this responsibility?

6. The OCBA Charitable Fund requires that any organization receiving a grant must give credit to the OCBA Charitable Fund. Describe how credit or recognition will be given.

7. Is this a new project or a continuing project?

8. What other organizations in Orange County are providing similar service or are working to solve similar problems?

9. If this is a new project, will it continue after The OCBA Charitable Fund grant award is expended?

10. If this is a continuation or expansion of an existing project, how long has the project existed?

11. How many participants or beneficiaries will this project serve? _____ If this project has existed in the past, how many participants or beneficiaries were served in each year of the project {or for each of the past 5 years if the project has existed longer than 5 years} _____
_____.

12. What is the cost per participant/beneficiary? _____

13. This project targets the following audience(s): School age children College students
Adults Elderly Professionals Judiciary General community

14. Is a particular socioeconomic group targeted by the project? Describe.

15. How will the beneficiaries of the project be selected?

Project/Program Description Cont.

16. Does this project have countywide impact?

17. If this is not a countywide project, specify by name the cities that will benefit.

18. Describe how the organization plans to accomplish the project.

19. Describe the sources of funding for the organization to staff the project and at what cost. Is the organization relying on the grant award as the sole source of income for staffing revenue?

Project Funding

1. List all previous expenditures for this project:
2. Identify by name and address all other sources of funding in hand for this project including fundraising activities by your organization. Indicate the amount of funding currently available.
3. If additional funding is being sought, please describe the prospective funding sources and amounts including fundraising activities by your organization.
4. If the OCBA Charitable Fund does not award this grant, how will this project be funded?
5. If the OCBA Charitable Fund does award this grant, how will the organization continue the project beyond this funding cycle? Who will provide funding?

6. This application represents what percentage of the total budget of the organization? _____

7. This application represents what percentage of the total budget of the project? _____%

Project Budget

INCOME

Sources for this Project

List all **other** funding sources and amounts

Amount

of Other Funding

| | |
|------------------------------------|----------|
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| Subtotal All Other Funding Sources | \$ _____ |
| OCBA Charitable Fund Funding | \$ _____ |
| Total Income: | \$ _____ |

EXPENDITURES

Required to complete this Project

Will pay from

OCBA Charitable Fund Grant

Will pay from

Other Sources

Total

Supplies (Specify)

| | | | |
|---------------------|----------|----------|----------|
| Postage | \$ _____ | \$ _____ | \$ _____ |
| Printing/copy costs | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |
| Subtotal Supplies: | | | \$ _____ |

Personnel Costs (Specify)

| | | | |
|--|----------|----------|----------|
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |

Transportation (Specify)

| | | | |
|--|----------|----------|----------|
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |

Staff Training (Specify)

| | | | |
|--|----------|----------|----------|
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |

Stipends for students (Specify)

| | | | |
|--|----------|----------|----------|
| | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |

Subtotal Personnel +Transportation+ Training + Stipends \$ _____

Project Budget Cont'd

Equipment/Software (Specify)

| | | | |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Subtotal Equipment/Software \$ _____

Publicity/Advertising (Specify)

| | | | |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Subtotal Publicity/Advertising \$ _____

Other (Specify)

| | | | |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Subtotal Other \$ _____

TOTAL EXPENDITURES: \$ _____