

Applicant Information

Organization Information

Information Name:

Address:

Applicant Information

Name:

Phone Number:

Email Address:

Executive Summary

FirstName; Last Name; Email; Job Title

Project Name

Grant Category ***Shared Legal Services Interpreter Bank***

In one or two sentences, provide a brief description of this project.

Are you applying for a joint project with another organization, equally sharing legal liability and other project obligations?? Yes or No

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

Budget Information

Funding Request

Total Project Budget

Percent of Project Request to Be Funded by DCBF

[Click on the Save Draft button to calculate the percentage.]

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 project under the total project budget

Application Narrative

(Please limit your responses to 500 words or less.)

Need and Project Description

Explain the need(s) or issue(s) to be addressed. Make sure to include relevant data and statistics that highlight the need(s) or issue(s), especially in DC.

Provide a description of your request. Make sure to include how your project and organization seek to address the need(s) or issue(s) referenced above, and how your project tests innovative approaches for aligning with DCBF's priorities.

Capacity and Outreach

How does your organization conduct outreach to engage DC residents who are low-income or under-served who would benefit from your services? Please include how your organization engages with external institutions for outreach, if applicable.

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

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?

Explain any new or expanded technology or infrastructure that would help you reach your goals during the grant year. *[This information will not be used to evaluate your application but will help inform DCBF planning of future training and technical assistance supports and services.]*

Impact

What outcomes do you expect from the services you are providing? Instead of thinking about how many people received services, think about what happened as a result of the services you are providing.

What data sources do you review regularly to determine whether you are moving in the expected direction toward your expected outcome(s)?

Proposed Performance Measures

Please provide estimates for each criterion for the grant period (January 1 - December 31). 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. Please limit your responses to 500 words or less.

Performance Measures for Volume and Scope of Services

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

Total number of DC residents who are low-income or under-served to whom you plan to provide interpretation and translation services

Number of documents you plan to translate

Number of languages for which you plan to provide translation

Top three languages for which you plan to provide translation

Performance Measures for Increasing Accessibility to Legal Services

Break Down by Ward: Estimate the number of DC residents who are low-income or under-served who will receive services from each ward. Explanation of percentages, if needed.

Ward	Number of DC Residents Receiving Services	DC Resident Percentage Served by Ward
Ward 1		
Ward 2		
Ward 3		
Ward 4		
Ward 5		
Ward 6		
Ward 7		
Ward 8		
Unhoused or no Ward		
		100.00%

Performance Measures for Outreach and Training

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

Briefly describe how you inform other organizations about your services and the ways in which they can access those services.

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

Attachments

Data Packet

Click the link to download the Data Packet. Once you have completed the Data Packet, upload the completed Excel file.

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.

Signature

Once you have submitted this application, a PDF of the application will be sent for e-signature via DocuSign to the email addresses entered for your Executive Director and Board Chair on your Organization Profile. Please make sure the email addresses for these individuals are correct BEFORE you submit the application.

The document will first be sent to your Executive Director for signature. Once e-signed by your Executive Director, DocuSign will send the document to your Board Chair. Please alert your Executive Director and Board Chair to expect receipt of the documents. Thank you.