

Loan Repayment Assistance Program Eligible Employer Application

About the Loan Repayment Assistance Program (LRAP)

Through the DC Bar Foundation's [loan repayment assistance programs](#), DCBF provides public interest attorneys with one-year forgivable loans to assist the attorneys with their monthly educational loan payments. Among other eligibility requirements, attorneys must work for an eligible employer, defined as a DC-based, non-profit, tax-exempt charitable organization that provides civil legal services to the District's low-income or underserved residents and that is eligible for funding from DCBF. For the list of current eligible employers, please go to [the eligible employer page](#).

Completing the Eligible Employer Application

To be considered an eligible employer for LRAP, you must complete and submit this form, along with two attachments:

1. IRS letter that proves your organization is a non-profit, tax-exempt charitable organization
2. Business license that proves your organization conducts business within the District of Columbia.

For instructions on how to complete this online application, please refer to the [grantee portal webpage](#).

The DC Bar Foundation accepts LRAP employer-eligible applications on a rolling basis. The Foundation will review the application, determine if your organization is eligible, and notify organizations of the decision. Organizations may be approved at the Foundation's sole discretion.

If you have any questions, please email lrp@dcbfoundation.org.

Organizational Information

Organization Information	
Organization Name	
Physical Address	
Mailing Address (If different from physical address)	
Website	
Contact Person	
Prefix	
First Name	Last Name
Title	
Email Address	
Office Phone Number	
Executive Director Information	
Prefix	
First Name	Last Name
Email Address	
Office Phone Number	

Organizational Information

Organization Information

Issue area(s) addressed by your organization

Population(s) served by your organization

Legal Programs

Legal Programs

Describe the direct civil legal services that your organization provides to DC residents.

Describe the organization's income restrictions on the clients served.

How many total individuals, DC residents, and MD and/or VA residents (if applicable) received **direct civil legal services** from your organization over the past fiscal year?

Total number of individuals who received direct civil legal services:

Total number of DC residents who received direct civil legal services:

Total number of MD and/or VA residents who received direct civil legal services:

Time period covered:

Organization Certification**Organization Certification**

By signing below, I verify that I have the authority to submit this application on behalf of this organization to be considered an eligible employer for the loan repayment assistance programs run by the DC Bar Foundation.

I agree to promptly notify the DC Bar Foundation in writing of any changes to the organization's status that may affect its eligibility to be considered an eligible employer, including nonprofit status, business address in the District of Columbia, licensure in the District of Columbia, and the provision of legal services to the District of Columbia residents.

I certify that the information in our application and the attachments are true and complete to the best of my knowledge.

Authorized Official of Applicant Organization

Signature

Date of Signature

Printed Name:

Title:

Attachments**Attachments**

Please combine the following attachments to this application.

Attachment: Non-profit Status

Attachment: DC Business License