

LEGAL SERVICES TRUST FUND PROGRAM
APPLICATION CHECKLIST FOR SUPPORT CENTERS

Applicant Name: _____

Please check your completed application against this list of all materials required for a complete package. Submit the completed checklist *on top* of your application package.

Your application must be received in the Legal Services Trust Fund Program Office by 5:00 p.m. on Tuesday, February 1, 2011. You must send the original application, with original signatures, **and** one copy of the application forms. Electronic or fax submissions **will not** be accepted in lieu of timely receipt of a fully-executed, original hard copy under any circumstances.

Forms I through XI plus enclosures 1, 7, 12-14, 17 and 19 must be submitted by all applicants. Form X-A and enclosures 2, 6a, 8a-8c, 9, 10, 11, 15, 16 and 18 must be submitted by those applicants to whom they apply. **Do not send** enclosures 3, 4 and 5 if they were previously submitted to the Legal Services Trust Fund Program and no material changes have been made to the documents since they were submitted.

Application forms enclosed:

- I.** Applicant Profile
- II.** Description of Organization
- III.** Eligibility Criteria
- IV.** Certifications
- V.** Assurances
- VI.** Quality Control Review
- VII.** Staffing and Volunteer Report for Support Centers
- VIII.** Source of Funding Report
- IX.** Total Corporate Expenditures
 - Itemized Expenses
- X.** Expenditures for Support Services (Primary Purpose)
- X-A.** Additional Information About Expenditures for Support Centers with Certain Activities
- XI.** Annual Assistance Summary Report (include list of projects served)

Forward one set of completed electronic application forms and attachments 10, 17, 18 and 19 ONLY to trustfundprogram@calbar.ca.gov.

Enclosures: Do not select black boxes as an option.

Enclosed	Previously Submitted	Does Not Apply	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. One extra copy of all application forms.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. A one-page description of your center, if you must be deemed of special need under Eligibility Guideline 2.9.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Articles of Incorporation certified by the Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Determination letter from the Internal Revenue Service granting your application for exemption, or a copy of your application for exemption and an explanation of its status.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Determination letter from the Franchise Tax Board granting your application for exemption, or a copy of your application for exemption and an explanation of its status.
			6. Enter the date from your current Certificate of Status: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6a. If your Certificate of Status is dated July 1, 2008 or earlier, you must order a new certificate from the Secretary of State at http://www.sos.ca.gov/business/pdf/be_ircform.pdf
			<input type="checkbox"/> Enclosed is a copy of the completed order form for a new/updated certificate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Current eligibility criteria for service.
			8. Audited or reviewed financial statement for the preceding fiscal year. Enter your program's fiscal year end: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. If your program's fiscal year ended on December 31, 2010, enclose a copy of your accountant's engagement letter to conduct a financial audit or review. Your audited or reviewed financial statement must be received in the Trust Fund office no later than April 1, 2011.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8b. If your program's fiscal year ended on a date other than December 31, 2010, check the appropriate box to indicate if your audit/reviewed financial statement has been submitted or is enclosed.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. If your program's fiscal year ended on or before November 30, 2010, and you have not submitted an audited/reviewed financial statement, you must provide:
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • a letter explaining why your financial statement has not been submitted;
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • a copy of the engagement letter for a financial audit or review; and
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • an anticipated date for the completion of your financial statement.

Your financial audit/review must be submitted as soon as it is available.

Enclosed	Previously Submitted	Does Not Apply	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. If your program's fiscal year does not end on December 31, enclose an income and expense statement covering the period from the first day of your fiscal year through December 31, 2010.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Organizational Priorities. Enclose copies of your governing board's resolution establishing priorities (dated February 1, 2009 or later), a description of the priority-setting process, and a list of those consulted in setting priorities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. An assurance from the corporation's chief executive officer stating that the corporation's contribution from its general unrestricted funds to your program will not be reduced from the previous fiscal year level.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. A roster of board members including affiliations, addresses and phone numbers.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. A current organizational chart.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. A current salary schedule.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. A complete set of current job descriptions unless they have been submitted within the past three years.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Evaluation report by a non-Trust Fund Program funding source or entity received since January 1 of the previous calendar year.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. A list of the qualified legal services projects to which your center provided assistance and a description of the nature of the assistance.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. A description of your center's advocacy support activities. (See Instructions for Form XI, No. 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Copies of two communications describing the availability of your services sent to every qualified legal services project within the past year.