

# Legal Services Trust Fund Program

## Application Checklist for Legal Services Projects

**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 Friday, February 1, 2013. 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, 9, and 13-15 must be submitted by all applicants. Forms III-A, III-B, VII-A, XI-A and XI-B plus enclosures 5a-8, 10a, 10c, 11, 12 and 16 should be submitted by those applicants to whom they apply. **Do not send** enclosures 2, 3 and 4 if they were previously submitted to the Legal Services Trust Fund Program and no material changes were made to the documents in 2012.

### Application forms enclosed:

- I.** Applicant Profile
- II.** Description of Organization
- III.** Eligibility Criteria
  - III-A.** Additional Requirements/\$20,000 Projects
  - III-B.** Application for Pro Bono Allocation
- IV.** Certifications
- V.** Assurances
- VI.** Quality Control Review
- VII.** Annual Case Summary Report
- VII-A.** Report on Self-Help, Education and Outreach Activities
- VIII.** Staffing and Volunteer Report for Legal Services Projects
- IX.** Source of Funding Report
- X.** Total Corporate Expenditures
  - Itemized Expenses
- XI.** Qualified Expenditures
  - XI-A.** Additional Information about Expenditures
  - XI-B.** Expenditures by County

Forward one set of completed electronic application forms in Microsoft Word and Excel format to [trustfundprogram@calbar.ca.gov](mailto:trustfundprogram@calbar.ca.gov).

**Enclosures:**

Enclosed	Previously Submitted	Does Not Apply	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1.</b> One extra copy of all application forms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2.</b> Articles of Incorporation certified by the Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3.</b> 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 type="checkbox"/>	<b>4.</b> 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.
			<b>5.</b> Enter the date from your current Certificate of Status:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5a.</b> If your Certificate of Status is dated July 1, 2010 or earlier, you must order a new certificate from the Secretary of State at <a href="http://www.sos.ca.gov/business/pdf/be_ircform.pdf">http://www.sos.ca.gov/business/pdf/be_ircform.pdf</a>
			<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"/>	<b>6.</b> Letter from law school dean describing the history of the law school clinical program.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>7.</b> LSC grant award letter or contract showing amount of awards of LSC funds through another agency (applicants that checked box B.1. or B.3. on Form III).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>8.</b> Contract or determination letter indicating amount of awards of Older Americans Act funds (applicants that checked box B.2. or B.4. on Form III).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>9.</b> Current income level criteria for individuals eligible for service.
			<b>10.</b> Audited or reviewed financial statement.
			<b>Enter your program's fiscal year end:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>10a.</b> If your program's fiscal year ended on December 31, 2012, enclose a copy of the engagement letter with your certified public accountant to conduct a financial audit or review for the last fiscal year. Your audited or reviewed financial statement must be received in the Trust Fund office no later than April 2, 2013.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>10b.</b> If your program's fiscal year ended on a date other than December 31, 2012, check the appropriate box to indicate if your audited/reviewed financial statement has been submitted or is enclosed.

Enclosed	Previously Submitted	Does Not Apply
----------	----------------------	----------------

**10c.** If your program's fiscal year ended on or before November 30, 2012, and you have not submitted an audited/reviewed financial statement, you must provide:

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> <li>• a letter explaining why your financial statement has not been submitted;</li> </ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> <li>• a copy of the engagement letter for a financial audit or review; and</li> <li>• an anticipated date for the completion of your financial statement:</li> </ul> |

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

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>11.</b> 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, 2012. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>12.</b> Evaluation report by the Legal Services Corporation, the California Department of Aging, or an Area Agency on Aging issued since January 1 of the previous calendar year.                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>13.</b> A roster of board members including affiliations, addresses and phone numbers.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>14.</b> A current organizational chart.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>15.</b> A current salary schedule.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>16.</b> Agreement to permit a Trust Fund Program applicant who contributes funds to another applicant to count the funds.  |