# 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 the application package.

The application must be received in the Legal Services Trust Fund Program Office by 5:00 p.m. on **Monday, June 2, 2014**. 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, 6, 11-14 and 16 must be submitted by all applicants. Form X-A and enclosures 2, 7-10 and 15 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 were made to the documents in 2013.

**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 9, 14, and 15 ONLY to trustfundprogram@calbar.ca.gov.

**Enclosures:**

|  |  |  |
| --- | --- | --- |
| **Enclosed** | **Previously Submitted** | **Does Not Apply** |

|  |  |  |  |  |
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| **[ ]**  | [ ]  | [ ]  | **1.** | One extra copy of all application forms. |
| **[ ]**  | [ ]  | [ ]  | **2.** | A one-page description of your center, if you must be deemed of special need under Eligibility Guideline 2.9. |
| **[ ]**  | [ ]  | [ ]  | **3.** | Articles of Incorporation certified by the Secretary of State. |
| **[ ]**  | [ ]  | [ ]  | **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. |
| **[ ]**  | [ ]  | [ ]  | **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.** | Current eligibility criteria for service. |
| [ ]  | [ ]  | [ ]  | **7.** | Audited or reviewed financial statement for the fiscal year ended most recently. |
| **[ ]**  | [ ]  | [ ]  | **8.** | If the program’s fiscal year does not end on December 31, enclose an income and expense statement covering the period from the first day of the fiscal year through December 31, 2013. |
| **[ ]**  | [ ]  | [ ]  | **9.** | **Organizational Priorities.**  Enclose copies of the governing board’s resolution establishing priorities (dated July 1, 2012 or later), a description of the priority-setting process, and a list of those consulted in setting priorities. |
| **[ ]**  | [ ]  | [ ]  | **10.** | An assurance from the corporation’s chief executive officer stating that the corporation’s contribution from its general unrestricted funds to the program will not be reduced from the previous fiscal year level. |
| **[ ]**  | [ ]  | [ ]  | **11.** | A roster of board members including affiliations, addresses, and phone numbers. |
| **[ ]**  | [ ]  | [ ]  | **12.** | A current organizational chart. |
| **[ ]**  | [ ]  | [ ]  | **13.** | A current salary schedule. |
| **[ ]**  | [ ]  | [ ]  | **14.** | A list of the qualified legal services projects to which the center provided assistance and a description of the nature of the assistance. |
| **[ ]**  | [ ]  | [ ]  | **15.** | A description of the center’s advocacy support activities. (See Instructions for Form XI, No. 3.) |
| **[ ]**  | [ ]  | [ ]  | **16.** | Copies of two communications describing the availability of services sent to every qualified legal services project within the past year. |