# COVER PAGE

## **Proposed Equal Access Fund Budget**

**October 1, 2014 through December 31, 2015**

Program Name:

Staff Contacts:

 Program Director Fiscal Contact

 Signature Signature

 Telephone Number and Extension Telephone Number and Extension

 Email Email

Complete this page by listing the project(s) for which you propose to use your Equal Access Fund grant. While there is space to list multiple projects, most grant recipients should have only one (or a small number of) EAF projects. A project is an identifiable set of activities that has been created to address specific needs and achieve defined goals. If your allocation is not sufficient to sustain a project in full, you may use your allocation as part of the funding for a larger project.

**Form A** Complete a separate form for each project.

**Form B** Complete a separate form for each project.

**Form C** Complete one form to reflect your total EAF grant. Qualified Legal Services Projects that

serve more than one county must also complete a separate **Form C** for each county.

**Form D** Complete one form to explain the amounts on **Form C**.

**Form E** Complete only if you are a Qualified Legal Services Project.

|  |  |  |
| --- | --- | --- |
| Project Title | EAF Funds for Each Project | Continuing EAF Project?(check one) |
|  |  | Yes | No |
| 1.
 | $      | [ ]  | [ ]  |
| 1.
 |       | [ ]  | [ ]  |
| 1.
 |       | [ ]  | [ ]  |
| 1.
 |       | [ ]  | [ ]  |
| 1.
 |       | [ ]  | [ ]  |
| **Total EAF Grant** | **$** |  |

# Form A

## **2014-2015 Equal Access Fund Budget**

## **Project Narrative**

Complete a separate **Form A** for each project. In the narrative, please describe the entire project to be funded in whole or part with EAF funds, not just the portion covered by the EAF grant. A project is an identifiable set of activities that has been created to address specific needs and achieve defined goals. If your allocation is not sufficient to sustain a project in full, you may use your allocation as part of the funding for a larger project.

 Program Name:

 Project Title:

Contact Person:       Telephone Number:

 Email:       Fax Number:

### **1. Project Status**

**Is this a continuation of a current EAF‑funded project?**

 [ ]  Yes -- Identify the first grant year the project was funded by EAF.

 [ ]  No -- This will be a new EAF project.

### **2. Overview of the Proposed Project**

#### a. Needs to be addressed.

Describe the need for the services to be provided through this project and identify the specific legal issues involved.

What resources are currently available to address the need?

What particular unmet need will the project fulfill? Provide data to quantify the unmet need.

#### b. Proposed objective.

What is the strategic, long-term objective of your project?

What impact do you intend to have on your clients or their community?

**Continuing Projects:** If your proposed qualitative goals reflect a change to those identified in prior years, describe and explain the nature of these changes.

#### c. Proposed strategy to address the needs.

Describe how you will address the needs and pursue the goals identified above. Include information with specific reference to the following points.

1. What kinds of matters or cases do you expect to handle?

1. What types of services will you provide?

1. How will services be delivered (e.g., in groups, individual appointments, by phone)?

1. How will this project be staffed? (Identify the total number of professional and support staff positions.)

**Continuing Projects:** If the strategy described above is different from that used in the previous grant year, describe the proposed changes and explain why they are necessary.

Check box, if not applicable. [ ]

#### d. Client population(s) to be served.

**Legal Services Projects:** Describe the population that will be served by this project and explain why this group is in particular need of your services.

**Support Centers:**

* Describe the needs of Qualified Legal Services Projects that will be addressed by this project.

* How will you publicize the availability of services funded by this grant?

#### e. Results you seek.

With regard to the strategies identified at 2c above, identify the anticipated quantity of services to be provided and the number of individuals to be served.

#### f. What services will you provide with EAF funding that you would not otherwise be able to deliver?

#### g. Evaluation.

1. How will you evaluate whether this project attains its goals and objectives, and achieves the desired results for your clients and their community?

2. What data will you evaluate to make this assessment?

3. How will you use this evaluation in the ongoing planning for the project?

### **3. Partners in this Project**

Have any organizations or other third parties agreed to play **significant** roles in this project? For each category below identify your partners, describe the nature of the partnership, and the role each partner will play. Do not list organizations or other parties whose role is limited to referrals.

#### a. [ ]  Courts

#### b. [ ]  Other legal services providers

#### c. [ ]  Other organizations

#### d. [ ]  Volunteers

### **4. Quality Assurance Systems**

Check all of the following that will be used to help assure delivery of high quality services by this project.

(Please note that these responses may be subject to verification during site visits to your project by Trust Fund Program staff.)

**a.** [ ]  Annual performance evaluations of staff involved in the project.

**b.** [ ]  Regular review of legal work provided through the project, by experienced attorneys

with relevant expertise in the subject matter covered.

**c.** [ ]  Oversight of the service delivery system, including intake, with regular reviews by personnel

qualified to ensure that clients are treated promptly, with dignity and respect.

# Form D

# 2014-2015 Equal Access Fund Budget

# Explanation of Proposed Allocations

Prepare just one **Form D**. (Do not prepare a separate form for each county or each project.)

Program Name:

1. The following grid should summarize total staff allocations that will be funded with your EAF grant as reported on Form B (Cont.), No. 3, EAF Grant. For each staffing category, under *Full-time*, list the number of full-time staff *who are* *100% funded by the EAF grant*. Under *Part-time*, include all part-time staff and any full-time staff whose salaries are partially funded by the EAF grant (for example, if EAF supports 50% of a full-time attorney, you would include that position as .50 FTE in the part-time column).

|  |
| --- |
| **EAF-Funded Staff Only (All Projects)** |
| **Category** | **Full-time** | **Part-time (in FTEs)** |
| **Lawyers** |       |       |
| **Paralegals** |       |       |
| **Other Staff** |       |       |

### **Explanations for how you arrived at the amounts on each line of Form C**

#### a. Lines 4-6: Personnel.

Your narrative must identify all full-time positions to be funded with this grant. Additionally, you must identify the full-time equivalency for part-time staff. For example, if your budget for Lawyers includes funding for four part-time attorneys, the budget narrative might state, “Salary for two half-time (.50 FTE) attorneys to handle the Immigration Project, one three-quarter time (.75 FTE) attorney for the Veterans’ Rights Project, and one one-quarter time (.25 FTE) Managing Attorney for the Domestic Violence Project. (Do not just state “four part-time attorneys.”)

#### b. Lines 7-23: Non-Personnel.

Explanations for non-personnel allocations should describe the basis for each line item and explain how the costs relate to the activities of your EAF project(s).

### **Other Explanations**

#### Personnel or Program expenses less than 80 percent of total.

If you budget more than 20 percent of your EAF grant for non-personnel expenses or for administrative expenses, explain why.

### **County Allocations**

If you receive an allocation for more than one county, describe how you will ensure that all grant funds are spent providing services in the counties for which they are allocated. For example, are employees assigned to specific counties, do they keep time records, or do you allocate based on numbers of cases or clients served?

***Support Centers*:** Do not answer this question.

# Form E

# 2014-2015 Equal Access Fund Budget

## **20 Percent Allocation for Underserved Groups**

Program Name:

## One **Form E** is required from each **qualified legal services project only**. Do not submit a separate **Form E** for each project. Do not submit Form E if you are a Support Center.

1. Multiply your total grant allocation by 20% and enter the amount here: $
2. Each qualified legal services project shall make significant efforts to utilize 20% of its EAF grant allocation to provide services to members of disadvantaged and underserved client groups (Business and Professions Code §6221). Pursuant to this requirement, describe the significant efforts you will make to use 20% of your EAF allocation for such services. If all or most of your clients are already members of one of the listed groups, you must still complete this form with reference to those who are **especially underserved** among your general client population.

1. For each effort listed, indicate the amount of money it will cost **and** describe how you calculated the cost. The cost of all your efforts together should equal or exceed the number on line 1 above. The figures on this form should correspond with the numbers on **Form C** and the explanations on **Form D**.

1. How will you evaluate your success in making services more available to these especially underserved client groups this year?

1. ***Continuing Projects*:** What ongoing evaluation has taken place to ensure the continuity of services to underserved client groups?