

Washington State Bar Association



Corporate Counsel Section – Grant Program
Application

A. APPLICANT INFORMATION

1. Agency/Organization

Address

Website:

City State Zip

Office Phone Cell Phone E-mail

Board chair/president

2. Contact person & title

If different than above:

Address

City State Zip

Office Phone Cell Phone E-mail

3. Type of application New Supplemental Renewal

4. Program title

5. Total amount requested (up to \$2,500) \$

6. Status of program within the organization New Currently in operation

7. Program timeline for use of grant funds (start/end date)

8. Geographic scope of program

9. Organizational status of applicant

- Unit of local government.
- Tax-exempt IRS Code 501 C3 non-profit corporation.
(please provide copy of IRS certification letter with application)
- Other (specify):

10. Employer's identification number

11. Certification

I certify that the proposed program will be operated in compliance with the Americans with Disabilities Act. I further certify that no person shall on the grounds of race, sex, nationality, religion, or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to, discrimination under this project.

Authorized representative check here to indicate assent.

Name & title of authorized representative

B. PROJECT NARRATIVE PARAGRAPH AND HOW THIS AWARD WILL BE USED

In no more than two pages, please describe the various aspects of the program, including, but not limited to:

- Program title.
- Period of operation using grant funds.
- Mission statement.
- Program operation and management.
- Expected outcomes.
- Target population.
- Number of individuals to receive services and/or support.

C. APPLICATION SUBMITTAL

Please forward completed application to: Section Grants Committee;
wsbacorporatecounsel@gmail.com