



Chief Justice's Commission on Professionalism - CJCP Grant Application

1. Grant Applicant Name and Contact Information

* 1. Date:

MM/DD/YYYY

Date

MM/DD/YYYY

* 2. Applicant (Organization) Name:

* 3. Executive Director (Top Executive):

* 4. Last Name of Contact Person for Grant Correspondence

* 5. First Name of Contact Person for Grant Correspondence

*** 6. Prefix of Contact Person for Grant**

If you selected "Other" (please specify)

*** 7. E-mail Address of Contact Person for Grant**

*** 8. Telephone Number of Contact Person for Grant**

*** 9. Address Line 1**

10. Address Line 2

*** 11. City, State, Zip**

City/Town

State/Province -- select state --

ZIP/Postal Code

*** 12. Website Address:**



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2. Grant Request Amount and Project Description

* 1. Amount of Request (Rounded to \$100):

* 2. Total Grant Project Budget:

* 3. Organization's Annual Budget:



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3. Description of Grant Project

In 500 words or less, please provided for each question, please respond to the questions below. **Please verify that your answer is 500 words or less before entering the response. The Commission will not consider any content that is more than 500 words.**

* 1. Describe the program or project for which funds are requested.

* 2. Describe how the request relates to the regulation of the legal profession (See [Grant Criteria](#) I.A.1)

* 3. Describe how this request meets the CJCP's grant criteria that it promotes, enhances, improves or develops at least one of the following:

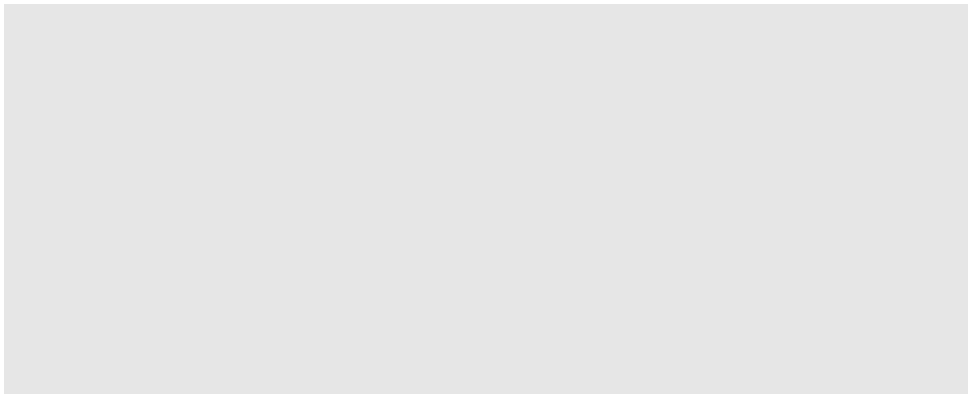
a. Professionalism among Georgia's lawyers and judges;

b. Professionalism legal education for lawyers or judges as set forth in the [Revised Professionalism CLE Guidelines](#);

c. Access to justice (i.e., access to the legal system); and/or

d. The administration of justice (i.e., processes, operation of the legal system).

(See [Grant Criteria I.A.2](#))

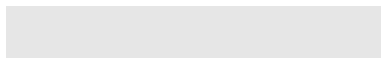


* 4. Are there any organizations/associations/courts that support and/or endorse your request?

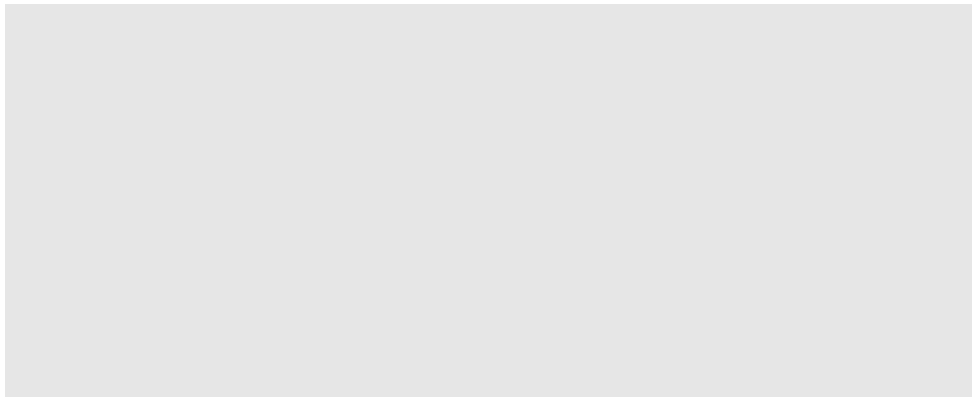
No

Yes

If you responded yes to this question, you will have the OPTION of uploading not more than 3 letters of support before submitting the grant application. If you plan to upload documents, please type PLEASE SEE ATTACHED.



5. Please explain how your request advances the priorities set forth in [Grant Criteria](#) Section II.





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4. Profile of Organization - Narrative Questions

In 500 words or less, please provided for each question, please respond to the questions below. **Please verify that your answer is 500 words or less before entering the response. The Commission will not consider any content that is more than 500 words.**

- * 1. Describe the legal status of your organization (i.e. 501 (c)(3) Section 115, governmental entity, etc)

- * 2. Describe the population that you serve.



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5. Profile of Organization - Applicant's Financial Documentation (Required)

- * 1. Attach (in PDF Format) the first page of your organization's Form 990 tax filing report, or first page of its most recent tax return.

Choose File

Choose File

No file chosen

- * 2. Attach (in PDF Format) the IRS determination letter or other document verifying the tax or legal status of your organization.

Choose File

Choose File

No file chosen



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6. Applicant's Letters of Support Documentation (Optional)

1. Letter of Support 1

Choose File

Choose File

No file chosen

2. Letter of Support 2

Choose File

Choose File

No file chosen

3. Letter of Support 3

Choose File

Choose File

No file chosen



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7. No Vested Rights - CJCP Right to Request Additional Information

By submitting this Grant Application, the Applicant acknowledges that the Chief Justice's Commission on Professionalism is under no obligation to award grants and the Commission reserves the right to amend or suspend the grant-making process at any time for any reason. The Commission is creating no vested rights.

The CJCP may require additional information, including financial information. You will be notified if additional information is required.

1. APPLICANT (ORGANIZATION) NAME:

*** 2. Printed Name of Person Signing and Submitting Application**

*** 3. Title of Person Signing and Submitting Application**



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8. Consent to Electronic Signature and Application

* **1. Consent to Submitting Application by Electronic Means.** I have agreed to submit this application by electronic means. By signing this application electronically, I affirm that my answers are correct and complete to the best of my knowledge.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box, typing my name and clicking the "SUBMIT" button below, I agree that I am electronically signing my application and agreeing to submitting my application by electronic means.

Please Type Your Complete Legal Name (First Name Middle Initial Last Name)

* 2. Date

MM/DD/YYYY

Date