



# Application to Operate Pilot Projects Under the Sargent Shriver Civil Counsel Act

## Grant Application Cover Page

### Lead Legal Services Agency

Lead Legal Services Agency Name

Address

Applicant Contact Name

Applicant Contact Title

Applicant Contact Email

Applicant Contact Phone

Federal Tax Identification Number

Executive Director Signature

President of Board of Directors Signature

*\*Electronic signatures are acceptable*

### Court Partner

Court Name

Address

Court Contact Name

Court Contact Title

Court Contact Email

Court Contact Phone

Presiding Judge or Court Executive Officer Signature

*\*Electronic signatures are acceptable*

## **Partner Organization**

Partner Name

Address

Contact Email

Contact Phone

Signature of Executive Director

*\*Electronic signatures are acceptable*

Partner Name

Address

Contact Email

Contact Phone

Signature of Executive Director

*\*Electronic signatures are acceptable*

Partner Name

Address

Contact Email

Contact Phone

Signature of Executive Director

*\*Electronic signatures are acceptable*

## **Shriver Project Description**

1. Specify the areas of law for which legal representation will be provided in this application:

Housing

Domestic violence

Civil Harassment

Elder Abuse

Guardianship of the person

Probate Conservatorship

Child Custody (must be on a separate application)

2. Please provide one paragraph of the Shriver project description

## **Checklist**

Cover Page

Project Narrative

Budget Proposal

Certifications and Attachments