



The following is information for applying for a **2020 Grant** from The Orange County Bar Association Charitable Fund.

## GRANT CYCLE

**Submission deadline is Friday, December 4, 2020.**

Applications must be submitted to the OCBA Charitable fund via email to [charitablefund@ocbar.org](mailto:charitablefund@ocbar.org) in pdf format not later than 5 o'clock p.m. on the day of the deadline. Grants will be awarded during the first quarter of the year. However, grants awarded for \$10,000 or more may be distributed in two installment payments: half during the first quarter of the year and half during the third quarter of the year.

## MISSION

As the charitable giving and fundraising arm of the Orange County Bar Association ("OCBA"), the OCBA Charitable Fund provides resources to organizations and programs in order to enhance the system of justice and promote equal justice for all.

## GRANT GIVING POLICY

The OCBA Charitable Fund oversees and administers all of the charitable giving for the Orange County Bar Association. It is dedicated to bettering the Orange County community and legal profession by facilitating access to justice. This goal is achieved by making monetary contributions to projects championed by the Orange County Bar Association, or to carefully selected Orange County law-related organizations. Selected grant recipients must meet the following standards:

- Outside recipients must be OCBA-related projects, or 501(c)(3) nonprofit organizations serving Orange County residents.
- Goals and objectives of recipient projects or organizations must be consistent with the Charitable Fund's Mission.
- Support will not be provided for political organizations/programs, political candidates or partisan organizations.
- Support will not be provided for religious groups (for religious purposes), fraternal or social organizations, or athletic organizations, except for specific projects that espouse the Charitable Fund's mission.
- Support will not be provided for additions to endowments and/or capital campaigns.

By making gifts within these parameters the Charitable Fund enhances the system of justice and promotes equal justice for all in the most effective manner.

# CONDITIONS OF OCBA CHARITABLE FUND GRANTS

1. Once the OCBA Charitable Fund receives an application, the application becomes the property of the OCBA Charitable Fund. Applicant authorizes the OCBA Charitable Fund to communicate with other foundations, funding sources, and organizations to obtain information and status reports on other funding requests the applicant has submitted.
2. Grant awards must be used strictly in accordance with the proposal and budget submitted in writing to the OCBA Charitable Fund. A grantee must petition the OCBA Charitable Fund for permission to make any changes or alternate uses of grant funds.
3. A letter agreement accepting the terms and conditions of the grant must be signed and returned to the OCBA Charitable Fund within one month of notification of the grant award, or the award will be rescinded. This must be returned before grant is awarded.
4. Oral Interview. Once an organization is vetted and all requirements have been met, each organization may be interviewed by a Director of the OCBA Charitable Fund.
5. After approval, a semi-annual progress and financial report must be submitted. At the discretion of the OCBA Charitable Fund, a site visit may be scheduled to evaluate the project or organization.
6. A final report and evaluation of the project is required.
7. OCBA Charitable Fund grant awards must be expended within 12 months of the date of the award.
8. The Executive Director of the OCBA Charitable Fund may grant a six-month extension if there has been a good faith effort to complete the project.
9. The OCBA Charitable Fund requires that any organization receiving a grant must give credit to the OCBA Charitable Fund.

## CHECKLIST OF REQUIRED CONTENTS

Send copies of all required materials in pdf format via email to [charitablefund@ocbar.org](mailto:charitablefund@ocbar.org)

- ❑ Cover letter describing the project. The cover letter is to include the following:
  1. Problem Statement: What is the specific problem or problems that the applicant wants to solve through the proposed program? Who is the target group of individuals to benefit from the program or programs?
  2. Program Objectives: Description of outcomes of the grant in measurable terms. How does it help the target group? State the objectives for the program.
  3. Methods: Activities to be conducted to achieve the desired objectives.
  4. Evaluation Process: Present a plan for determining the degree to which the objectives are met and methods are followed. How does the organization plan to be able to measure success, and who will be doing the evaluation? How does the program help the target group with their specific needs and problems? Is the problem supported by statistical evidence? And, if so, please describe.
- ❑ Completed Application Form
- ❑ Copy of Internal Revenue Service Tax Exempt Determination Letter and IRS Form 990
- ❑ Recent Annual Financial Audit completed in the last 12-months in which grant funds are requested
- ❑ List of Board members, Officers and the Executive Director with contact information including business name, addresses, telephone numbers, website URL and email address.
- ❑ List of Staff of the Organization or organizational chart with staff names
- ❑ Copy of Organization's current bylaws

## OPTIONAL CONTENTS

Send any optional materials in pdf format via email.

- ❑ Newspaper clippings about the organization or project
- ❑ Brochures or other printed materials

**ORANGE COUNTY BAR ASSOCIATION CHARITABLE FUND  
GRANT APPLICATION INFORMATION SHEET**

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Date of Application: \_\_\_\_\_ Legal Name of Organization Applying: \_\_\_\_\_  
(Should be the same as on IRS determination letter and as supplied on IRS form 990)

Purpose/Mission of the Organization: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person/Title (if different from Executive Director): \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Brief description of Project. (If you are making a grant application for more than one project, please describe each project and complete pages 4-6 for each separate project): \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ **(must state specific amount)**

If the amount requested is over \$10,000, would the organization be able to accept two installments, half received during the first quarter of the year and the second half during the third quarter of the year?

YES                      NO

If No, please explain your funding needs for this project: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

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Board of Directors Chair/President \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Typed Name and Title: \_\_\_\_\_

Executive Director \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Typed Name and Title: \_\_\_\_\_

# Project/Program Description

1. Indicate which element(s) of The OCBA Charitable Fund’s mission the project will address:

Fosters legal services to the indigent or disadvantaged  
Educates the public about their rights and responsibilities under the law  
Enhances the administration of justice  
Promotes equal justice for all

2. Project Title (does not include organization’s name)

3. List previous applications to the OCBA Charitable Fund:

<u>Project Title</u>	<u>Year</u>	<u>Amount Awarded</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Has a previous application been submitted for the same or a substantially similar project/program? If yes, describe.

5. Every six months for the duration of a grant, a grantee must submit a progress report and financial information to the OCBA Charitable Fund. Who will be the person responsible for these reports? In this person aware of this responsibility?

6. **The OCBA Charitable Fund requires that any organization receiving a grant must give credit to the OCBA Charitable Fund. Describe how credit or recognition will be given.**

7. Is this a new project or a continuing project?
  
8. What other organizations in Orange County are providing similar service or are working to solve similar problems?
  
  
  
  
  
  
  
  
  
  
9. If this is a new project, will it continue after The OCBA Charitable Fund grant award is expended?
  
  
  
  
  
  
  
  
  
  
10. If this is a continuation or expansion of an existing project, how long has the project existed?
  
  
  
  
  
  
  
  
  
  
11. How many participants or beneficiaries will this project serve? \_\_\_\_\_ If this project has existed in the past, how many participants or beneficiaries were served in each year of the project {or for each of the past 5 years if the project has existed longer than 5 years} \_\_\_\_\_  
\_\_\_\_\_.
  
  
  
  
  
  
  
  
  
  
12. What is the cost per participant/beneficiary? \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
13. This project targets the following audience(s): School age children    College students  
Adults    Elderly    Professionals    Judiciary    General community
  
  
  
  
  
  
  
  
  
  
14. Is a particular socioeconomic group targeted by the project? Describe.
  
  
  
  
  
  
  
  
  
  
15. How will the beneficiaries of the project be selected?

**Project/Program Description Cont.**

16. Does this project have countywide impact?

17. If this is not a countywide project, specify by name the cities that will benefit.

18. Describe how the organization plans to accomplish the project.

19. Describe the sources of funding for the organization to staff the project and at what cost. Is the organization relying on the grant award as the sole source of income for staffing revenue?

# **Project Funding**

1. List all previous expenditures for this project:
2. Identify by name and address all other sources of funding in hand for this project including fundraising activities by your organization. Indicate the amount of funding currently available.
3. If additional funding is being sought, please describe the prospective funding sources and amounts including fundraising activities by your organization.
4. If the OCBA Charitable Fund does not award this grant, how will this project be funded?
5. If the OCBA Charitable Fund does award this grant, how will the organization continue the project beyond this funding cycle? Who will provide funding?

6. This application represents what percentage of the total budget of the organization? \_\_\_\_\_

7. This application represents what percentage of the total budget of the project? \_\_\_\_\_%



# Project Budget

**INCOME**

Sources for this Project

List all **other** funding sources and amounts

Amount

of Other Funding

	\$ _____
	\$ _____
	\$ _____
Subtotal All Other Funding Sources	\$ _____
OCBA Charitable Fund Funding	\$ _____
Total Income:	\$ _____

**EXPENDITURES**

Required to complete this Project

Will pay from

OCBA Charitable Fund Grant

Will pay from

Other Sources

Total

Supplies (Specify)

Postage	\$ _____	\$ _____	\$ _____
Printing/copy costs	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Subtotal Supplies:			\$ _____

Personnel Costs (Specify)

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Transportation (Specify)

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Staff Training (Specify)

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Stipends for students (Specify)

	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Subtotal Personnel +Transportation+ Training + Stipends \$ \_\_\_\_\_

# Project Budget Cont'd

Equipment/Software (Specify)

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Subtotal Equipment/Software \$ \_\_\_\_\_

Publicity/Advertising (Specify)

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Subtotal Publicity/Advertising \$ \_\_\_\_\_

Other (Specify)

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Subtotal Other \$ \_\_\_\_\_

**TOTAL EXPENDITURES:** \$ \_\_\_\_\_