**Administrative Office of the Courts**

**ACCESS TO JUSTICE DEPARTMENT**

**2001 E/F COMMERCE PARK DRIVE**

**ANNAPOLIS, MARYLAND 21401**

NOFA #: N19-0008-26N

**Grant Application Cover Sheet**

**Applicant Organization Name**:

**Office/Department/Unit (if applicable):**

**Program Name (if different):**

**Address**:

**City**: **State**: **ZIP**:

**Federal Employee Identification Number (FEIN)**: **DUNS** (if applicable):

**Amount Requested:** $ **Matching Funds**:

 (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Organization Personnel** | **Name** | **Phone Number** | **Email** |
| Administrative Judge/ Organization Director: |  |  |  |
| Court Administrator/ Administrative Clerk: |  |  |  |
| Project Manager: |  |  |  |
| Project Finance Manager: |  |  |  |

|  |
| --- |
| **Authorizing Signatures** *By signing below, the applicant agrees to abide by all terms of the Maryland Judiciary’s General Grant Conditions as well as the terms of the Special Grant Conditions for* ***FY2019 Maryland Access to Justice Grants****.*  |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Signature*  | *Signature* |
|  |  |
| *Printed Name* | *Printed Name* |

*Title Date Title Date*

**Please compile your application into one PDF document and submit your application to:**  **atjgrants@mdcourts.gov by *March 15, 2018*.**

**Additional Instructions**

 [Court Applicants Only]

Applications for Court Concierge Initiatives will be considered for one year funding only, with the possibility of renewal for a maximum of two additional years. Court application narratives must include a plan for how the court expects to continue the initiative after the expiration of the grant. All court applications must be signed by the County or District administrative judge.

*This instructions sheet is intended as a tool to assist applicants to submit complete and timely applications and does not need to be submitted with your application.*

**SUMMARY OF THE GRANT**

Provide a brief description of the project that summarizes the information in the Project Narrative. (50 words or less). The summary will be incorporated into the Grant Award & Acceptance Form and other grant documents.

**PROJECT NARRATIVE**

Provide a narrative description of the proposed project using the outline below. The narrative should not exceed 5 pages. Applications should be developed using an 8” x 11 ½” page format with one-inch margins and 12-point font. In addition to the cover sheet and narrative description of the project, applicants must submit a detailed budget with justification, and a letter of support from the administrative judge of the court.

**PROJECT PERIOD**

Specify the beginning and end dates of the proposed project period.

**PROBLEM STATEMENT**

Provide a clear, concise and well-supported statement of the problem to be addressed.

**NEEDS ASSESSMENT**

Discuss the need for the project and why existing resources or programs do not meet this need.

**PROJECT ACTIVITIES**

Describe the tasks to be undertaken to address the problem

**STAKEHOLDERS**

Identify any person or organization that is actively involved in the project, or whose interests may be affected positively or negatively by execution of the project. Stakeholders can be internal or external to the organization. The public at large may be considered a stakeholder during the project.

**OTHER SOURCES OF FUNDING FOR THE PROJECT**

Identify all funding sources associated with the project including fees authorized by law collected as part of this grant program; fees collected as part of the program shall be tracked and reported as program income, and shall be used for the direct benefit of the program

**OTHER RELEVANT INFORMATION**

Contact Information (Programmatic and Financial)**:**

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Project Director – E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Contact – E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMTION:** Segregation of Duties

The Authorized Representative, Fiscal Authority, Project Director and Fiscal Contact should not be the same individual. An organization should demonstrate the ability to establish segregation of duties.

*Authorized Representative:* An individual within an organization who is legally authorized to sign the application on behalf of the organization. The signature of the Authorized Representative implies that the organization endorses the proposed project and is prepared to accept responsibility for it. This person, also called an “Authorizing Official,” is typically the president, vice president, executive director, provost, or chancellor.

*Fiscal Authority:* An individual within an organization who assumes responsibility for all financial management of that organization

*Project Director Contact Information****:*** An individual within an organization who oversees the day to day operation of the project.

*Fiscal Contact Information****:*** Individual within an organization responsible for reconciling grant funds, completing reports related to the grant and disburses grant funds in accordance with the purpose of the grant solely at the direction of the grantee. If the Grantee Fiscal Contact is not in the same organization as the grantee, grantees are required to obtain, in writing, the fiscal contact’s agreement to accept this responsibility before applying for grants.