

Ohio State Bar Foundation Traditional Grant Program

Before You Begin

Important information

A pre-submission conference is REQUIRED to be eligible to submit a grant application to the Ohio State Bar Foundation. If you need to schedule your pre-submission conference, please contact Tiffany Patterson at 614.487.4483 or tpatterson@osbf.net.

A one-page cover letter must be attached to this form.

Grant applications are considered by the Foundation Trustees twice each year. Grant applications must be submitted via online application by 5:00 pm on February 15 for consideration prior to June 30 and by 5:00 pm on August 15 for consideration prior to November 30.

The Foundation cannot fund all grant applications and cannot meet the time constraints of some applications. Further, the Foundation may award limited or partial grants, and may pay grants in installments.

Be sure to add [mail@grantrequest.com](mailto:grantrequest.com) to your address book to ensure you receive our communications.

Organization Information

About the Organization

Name of Requesting Organization

Address

City State ZIP Code

County

Website

Area Code and Telephone Number

Example: xxx-xxx-xxxx

Area Code and Facsimile Number

Example: xxx-xxx-xxxx

Tax ID

Tax Status (Required, if available)

Date of Incorporation

Organization Type

If other selected, please describe

Organizational Background

Provide a brief history of your organization along with its mission. Describe the population served by the applicant including an estimate of numbers served during the last year. Provide an overview of current programs offered and describe all affiliations. Indicate the applicant's principal geographic area of service.

Key Contacts

| | | | |
|----------------------|------------|----------------|-----------|
| Head of Organization | | | |
| Prefix | First Name | Middle Initial | Last Name |
| Suffix | | | |
| Title | E-mail | | |
| Office Phone | | | |

| | | | |
|---|------------|----------------|-----------|
| Contact for this Request | | | |
| No Check here if same as Head of Organization | | | |
| Prefix | First Name | Middle Initial | Last Name |
| Suffix | | | |
| Title | E-mail | | |
| Office Phone | | | |

Proposal Information

| |
|--|
| Proposal |
| Project Title |
| Request Amount Project Start Date |
| Project End Date |
| Is Partial Funding Acceptable? |
| How would partial funding affect the project? |
| List other person(s) or organization(s) from whom/which funding has been or will be sought, and amount sought from each: |
| Is funding and/or completion of the project contingent on funding from other sources or dependent on certain conditions? |
| If the answer to the above is yes, identify the other funding sources, the detail of the funding requested and/or granted by other sources, and/or the detail of the conditions: |
| State the date the Foundation's response is needed |
| State the reason(s) the Foundation's response is needed by this date. |
| Has this request been authorized by the applicant's governing board? |

When was the request authorized by the applicant's governing board?

Board Resolution/Statement

If the request was authorized by applicant's governing board, upload a board resolution or pertinent statement from board minutes.

To upload: click the Browse button, locate the document on your computer, select it; when you return to this page, click Upload.

If the request was not authorized by the Governing Board, please explain.

Has the applicant completed the required pre-submission conference with OSBF staff?

Date of pre-submission Conference

The mission of the Ohio State Bar Foundation is to promote public understanding of the law and improvements in the justice system throughout Ohio. Discuss how the proposed project conforms to the mission of the Foundation.

Project Description

Briefly summarize the proposal. Include a description of need for the project, socio-economic information for target population, specific goals and objectives, activities planned to meet goals and objectives, anticipated outcomes, anticipated challenges/difficulties, project timeline, qualifications of key personnel, methods of evaluation, collaborating organizations, linkages between the program and additional community resources. Describe the overall capability of applicant to conduct the project. Include a specific evaluation plan for the project's benefits and costs. Describe any data, written material, audio visual or other material that will result from this project.

Please Note: Copies of data, written materials, audio visual materials or other product developed as a result of the grant must be provided to the Foundation upon completion of project. The Foundation may reserve property rights, copyrights, and all other rights of reproduction with respect to any intellectual property produced or procured under this project.

Demographics/Authorization

Demographics

Program Area

Select the Program Area that most closely aligns with your request for funding.

OSBA District Served

You may select up to 5 Districts served directly by this request.

Please note, not all counties in a District must be served to be selected.

Geographical Area Served

You may also select up to 3 main counties served.

Population Served

You may select up to 5 populations directly served by this request.

If other selected, please describe

Age Group

You may select up to 2 Age Groups directly served by this request.

Signature of Authorized Person

By entering my name in the box below, I understand that potential grant applicants are required to schedule a pre-submission conference with the Foundation staff prior to completing any grant request. My signature certifies that a pre-submission conference has been completed as specified in the Ohio State Bar Foundation Grant Application procedures. My signature certifies that the organization above currently has tax-exemption or other proof of status under Internal

Revenue Code section 501 (c) (3), that it is not classified as "a private foundation" as defined under section 509 (a), or that I exercise authority on behalf of a qualified governmental agency.

My signature is made as one who is authorized to do so on behalf of the applicant organization.

Authorized Signer Authorized Signer Title

Authorized Signature Date

Attachments

Upload Attachments

Upload the required documents listed below.

To upload a document:

- **Click the Browse button beneath the document name**
- **Browse the location of the document on your computer**
- **Select the document, then click OK**
- **You will return to this page**
- **Click the Upload button**

Please note, no file will be available unless you select Upload

Cover Letter

Cover Letter

Project Budget

Project Budget

Provide a detailed budget for the project: including anticipated expenses, details about how Foundation funds will be used, and anticipated income, including information about other sources approached for funding. Additionally, if the project is to continue beyond the grant period, what are the plans for funding the project upon termination of this grant?

Additional Project Budget information/narrative (optional)

Organizational Budget

Organizational Budget

Provide current year budget and proposed budget for project year(s) showing both income and expenses.

Organizational Budget Information - Audited Financial Statement
Required, if available.

Organizational Budget Information - Form 990
Required, if available.

Board of Trustees Listing

Board of Trustees Listing

Provide list of current board of trustees and their affiliations.

IRS Letter of Determination

IRS Letter of Determination

IRS letter confirming tax status or information confirming status as a governmental unit or agency.

Optional Supporting Documents

Letters of Support

(optional) Please no more than 2 letters of support.

Annual Report or Brochure

(optional) Any readily available printed material about the organization.

Additional Document

(optional) Any other document you wish to provide.

SAMPLE