

Date received: _____

Approved _____ Denied _____

Application Number: _____ Amount Awarded: _____

Date of Review: _____

FAMILY VIOLENCE JUSTICE FUND GRANT APPLICATION – FY 2022

State Court Administrator’s Office

1300 Broadway, Suite 1200

Denver, CO 80203

PHONE: (720) 625-5000

FAX: (720) 625-5933

Email: FamilyViolenceJusticeFund@judicial.state.co.us

PROGRAM INTENT AND REQUIREMENTS

The Family Violence Justice Fund (“Fund”) was established in 1999 to provide funding for legal assistance to victims of domestic violence. Qualified applicants must be non-profit organizations who currently serve the legal needs of INDIGENT¹ clients who are VICTIMS OF FAMILY VIOLENCE². The intent of the Fund is to fund programs that serve indigent persons at no cost, as opposed to reduced cost. Please note that services provided in the role of respondent parent counsel or guardian ad litem do not qualify for the purposes of this grant. Although services to other clients, including non-indigent victims of family violence, are certainly invaluable, information regarding services to those clients is not relevant to this application and it is respectfully requested that it not be provided.

Grantees must be prepared to provide full service legal services including assistance with divorce, child custody, child support and other related civil legal matters. Successful applicants must demonstrate that they are currently providing legal services to indigent victims of domestic violence, and awards are based on services provided in the past year. For additional information about the Fund and what constitutes a qualifying organization, see Colorado Revised Statutes, section 14-4-107(5)(f).

Grantees are required to provide quarterly reports to the State Court Administrator’s Office (“SCAO”). Failure to do so shall disqualify the grantee from receiving funding in the subsequent year and may result in the revocation of the award. **Grantees from FY 2021 who failed to provide quarterly reports are ineligible for a grant from the Fund this year.**

¹ “Indigent” means a person whose income does not exceed one hundred twenty-five percent of the current federal poverty guidelines determined annually by the United States Department of Health and Human Services.

² “Family violence” means any act, attempted act, or threatened act of violence, stalking, harassment, or coercion that is committed by any person against another person to whom the actor is currently or was formerly related, or with whom the actor is living or has lived in the same domicile, or with whom the actor is involved or has been involved in an intimate relationship. Coercion includes compelling a person by force, threat of force, or intimidation to engage in conduct from which the person has the right or privilege to abstain, or to abstain from conduct in which the person has a right or privilege to engage. “Family violence” may also include any act, attempted act, or threatened act of violence against: (1) the minor children of either of the parties; or (2) an animal owned, possessed, leased, kept, or held by either of the parties or by a minor child of either of the parties, which threat, act, or attempted act is intended to coerce, control, punish, intimidate, or exact revenge upon either of the parties or a minor child of either of the parties. Thus, the “victims of family violence” shall be limited to the person(s) upon whom the act of violence is committed.

All applications shall be reviewed by the SCAO. Please be advised that any grant may be revoked by the SCAO if used inappropriately.

APPLICATION FORMAT AND INSTRUCTIONS

- Applications will only be accepted via email sent to:
FamilyViolenceJusticeFund@judicial.state.co.us
- All correspondence regarding the grant will be conducted via email so please provide a frequently used email address.
- **Please submit ONE PDF COPY of your application, which includes ALL application pages and attachments, by 5:00 p.m. on July 30, 2021. The PDF file name should include the name of your organization. All application pages must be numbered.**
- Please conform responses as closely as possible to the question asked and provide sufficient and verifiable detail to enable the SCAO to make an appropriate determination regarding the applicant’s qualifications. Applicants who provide inadequate or incomplete information will have only a single opportunity to provide supplemental information. The opportunity to provide supplemental information is only at the request of the SCAO (the SCAO will contact the applicant with specific questions). The burden is on the applicant to supply complete and verifiable information in the application.
- If the information from the original application and the supplement are still insufficient to determine an applicant’s eligibility (such as determining the number of clients served in accordance with the parameters set forth below or verifying the applicant’s funding sources), the application shall be denied and the applicant shall be ineligible to receive funds this year.

If you have questions regarding any aspect of this application, please send them to FamilyViolenceJusticeFund@judicial.state.co.us

APPLICANT ORGANIZATION GENERAL INFORMATION

Organization’s Legal Name: _____

Organization’s Legal Address: _____

Organization Director’s Name: _____

Organization Director’s Phone Number: _____

Organization Director’s Email Address: _____

Name, Phone Number, and Email Address for Organization Contact if other than Director: _____

Exempt pursuant to Internal Revenue Code § 501(c)(3)? YES or NO or IN PROGRESS

Tax ID Number: _____

Is your Organization a government agency? YES or NO

Is your Organization based in Colorado? YES or NO

If no, please explain: _____

REQUIRED ATTACHMENTS

- A. Total Organization Budget
- B. Copy of Current Financial Statement and Audit Report
- C. Itemized Project Budget (i.e., proposed use of grant funds)
- D. Copy of I.R.C. § 501(c)(3) I.R.S. Tax Ruling (if applicable)
- E. Listing of Board of Directors and Key Officers
- F. Letters of Support, if applicable (Optional)

SECTION A: ORGANIZATION SERVICES/DESCRIPTION

1. Description of the applicant organization (“Organization”):
2. Please specify the mission of the Organization:
3. How does the Organization determine that a client is an indigent victim of family violence? Please also indicate if and how these determinations are recorded for statistical purposes.
4. Please indicate the Organization’s number of on-staff licensed attorneys and indicate whether the attorney or attorneys are full-time or part-time. If the Organization utilizes private attorneys please include that information in detail, specifying the nature of the arrangement. If this is the primary means through which your Organization provides legal services, please certify your relationship with these attorneys by using the attached *Exhibit A: Certification of Pro Bono Attorney Agreement*. Although you do not need to certify your relationship with every attorney, please do so for those who provide the majority of legal services to clients of your Organization.
5. How many indigent victims of family violence received DIRECT REPRESENTATION³ from a licensed attorney through the Organization during the past calendar year (2020)? When setting forth figures, please break out figures by county of residence of the indigent victim of family violence served and then total (e.g., “20 (Denver); 10 (Arapahoe); 15 (Adams); Total = 45).
6. Excluding clients who received direct representation, how many indigent victims of family violence received solely “legal advice” or “legal information” through the Organization from a licensed attorney during the past calendar year (2020)? When setting forth figures, please break out figures by county of residence of the indigent victim of family violence served and then total (e.g., “20 (Denver); 10 (Arapahoe); 15 (Adams); Total = 45). Examples of “legal advice” or “legal information” that is not “direct representation” include: group clinics conducted by an attorney wherein court

³ “Direct representation” occurs when a licensed attorney acts as an agent on behalf of a client, e.g., acting as a client’s attorney in court or acting as a client’s attorney out of court in a legal matter. “Direct representation” does not occur when an attorney gives legal advice, information, or guidance (either in a clinic or on an individual basis), but is not engaged to act on behalf of the client.

procedures and client options are outlined and discussed; or a client who consulted with an attorney where the attorney discussed options and gave legal advice about possible courses of action, but where the attorney did not agree to represent the client in any matter.

7. Please indicate if attorneys receive compensation for providing legal services to clients. If so, please indicate the manner in which attorneys receive compensation (e.g., “salaried employee of Organization,” “hourly billing per client billed to the Organization,” “compensated by Judicial Department as a court appointed counsel per client,” “No compensation—pro bono”; etc.)
8. Please indicate whether or not indigent clients were charged for legal services. (If so, please indicate the nature of this payment (e.g. co-pay, sliding scale fee, or reduced fee.)

SECTION B: BUDGET SUMMARY/FINANCIAL INFORMATION

1. Current annual budget based on funding for Fiscal Year 2021 (July 1, 2020 through June 30, 2021) or calendar year 2020 (whichever is utilized by the Organization), not including amount requested:
* Please note that the Organization’s 2020/FY2021 funding must be certified by an independent auditor licensed as a C.P.A. All funding sources must be identified. Only certain funding should be included; Contingent, un-fixed or potential funding sources should NOT be included.
2. Maximum possible award (66% of total funding):
3. Please identify and quantify how funds provided by a grant from the Fund would be utilized to enhance the provision of legal services to indigent victims of family violence. If the Organization serves individuals who are not indigent victims of family violence, please specify how the funds will be utilized so that indigent victims of family violence receive maximum benefit.

Please sign here to attest that the information in this application is accurate to the best of your knowledge, and to attest that if a grant is awarded in the amount set forth above in question B.2 it will not exceed 66% of your Organization’s total annual funding for Fiscal Year 2021 (July 1, 2020 through June 30, 2021) or calendar year 2020 (whichever is utilized by your Organization):

By: _____
Typed: _____
Title: _____
Date: _____

Exhibit A

Certification of Pro Bono Attorney Agreement

I, (attorney name) _____ have committed to taking _____ number of pro bono cases or providing _____ number of pro bono hours in calendar year 2021/fiscal year 2022 for (Organization name) _____.

These services will be performed at no cost to the client because I: (Circle one)

- Will not charge a fee for my services.

or

- The Organization will pay the fees for my services.

Attorney signature _____ Date _____

Attorney address and phone number:

***If you have any questions about this form, please send them to the State Court Administrator's Office:
FamilyViolenceJusticeFund@judicial.state.co.us.***