



### ***Page 1: LTF Guidelines and Scope of Grant Request***

Have you reviewed the Grant Guidelines & Instructions for CY 2025? \*

☐ No

☐ Yes

View the CY 2025 Grant Guidelines: <https://ltf.org/ltf-grants/ltf-grants-grant-guidelines/>.

### **Applying as an Organization or as a Program: What's the Difference?**

LTF provides grants to a variety of entities, including:

- Small and large standalone organizations focused on delivering legal services.
- Legal aid programs operating as distinct sub-units of larger organizations.

Regardless of the nature of the entity requesting funding, LTF grants are limited to supporting the provision of free, direct legal assistance to individuals and families in civil cases.

When completing this application, applicants that are programs -- entities operating within larger organizations or institutions -- should define the scope of the legal services delivery for which funding is sought. When responding to questions about service delivery and organizational capacity, the applicant should provide information about the legal program.

Did your program receive an Annual Grant from the Lawyers Trust Fund for the current year (CY 2024)?\*

☐ No

☐ Yes

**Page 2: Applicant Overview**

**Executive Director**

**First Name\***

**Last Name\***

**Email Address\***

**Preferred Phone Number\***

**Year Hired\***

**Program Director/Program Lead**

If different than Executive Director

**First Name**

**Last Name**

**Email Address**

**Job Title**

**Preferred Phone  
Number**

**Year Hired**

**Primary Contact for Application**

**First Name\***

**Last Name\***

**Job Title\***

**Email Address\***

**Preferred Phone  
Number\***

**Page 3: Executive Summary**

**Instructions**

Please provide an executive summary of your application for CY 2025, including your responses to the major questions in this application, including:

- A brief overview of the legal services your organization or program provides, including who you serve, the types of legal work your organization does, and how you provide services.
- Major developments in the past year and/or plans for the coming year related to delivering legal services.
- Major developments in the past year and/or plans for the coming year related to organizational development and capacity.
- Your case for a funding increase for CY 2025 (if you are seeking one) or (for new applicants) your case for a first-time grant from LTF.

**Executive Summary \***

0/7500

#### Page 4: Organizational Assurances

##### **Tax Exempt Status \***

Is the applicant an organization or part of an organization that maintains tax-exempt status as a not-for-profit under Section 501(c)(3)?

☐ No

☐ Yes

##### **Non-Discrimination Statement \***

Does the applicant provide legal services in a nondiscriminatory manner, i.e. not denying services to any otherwise qualified client or prospective client on the basis of race; color; religion; sex; national origin; ancestry; age; marital status; order of protection status; physical or mental disability; military status; sexual orientation; gender identity; or any other category prohibited by federal or Illinois law?

☐ No

☐ Yes

##### **Attorney on Staff \***

As of the application due date (September 16, 2024) does your organization or program employ at least one (1) paid, full-time equivalent staff attorney who has been licensed to practice for a minimum of three years? If you select "no" and you are a current (CY 2024) grantee, please contact LTF Deputy Executive Director for Grants & Legal Affairs David Holtermann ([david@ltf.org](mailto:david@ltf.org)/312-810-2630).

☐ No

☐ Yes

##### **Attorney Registration \***

Are all attorney staff members who provide legal services (or who supervise the provision of legal services) appropriately licensed to practice law in Illinois, or for services authorized by federal law (such as immigration) licensed to practice in another United States jurisdiction?

☐ No

☐ Yes

##### **Malpractice Coverage for Staff \***

Does the applicant maintain malpractice/professional liability insurance coverage for legal staff providing legal services to clients?

☐ No

☐ Yes

##### **Malpractice Coverage for Volunteers \***

Does the applicant extend malpractice/professional liability insurance coverage to volunteer attorneys providing legal services to clients?

☐ No

☐ Yes

**Page 5: Legal Services Description**

**Instructions**

Provide a detailed overview of the services provided by your organization or program, including responses to the following questions:

- **Target Population(s):** Who does your organization serve? Provide details including the geographic area covered; any vulnerable or prioritized groups; and/or other eligibility criteria.
- **Priorities & Practice Area(s):** Describe the main areas of law in which your organization provides services, specifying any specific case types (e.g., criminal records expungement, eviction, public benefits, domestic abuse) that make up a significant portion (more than 15%) of your total cases.
- **Service Delivery Method(s):** How does your organization deliver services? Describe in detail the ways in which your organization provides assistance to people in need (e.g., advice desks, community clinics, telephone hotlines, unbundled representation, representation by volunteer attorneys, representation by staff members).

**Legal Services Description: \***

0/10000

**Page 6.a: Grant Request Information – Page Only Displays for Returning Applicants**

**(Not All Applicants Will Fill Out This Page)**

**Amount of Grant Requested for CY 2025 \***

**CY 2025 Case for Funding Increase**

LTF expects to award Annual Grants in excess of \$26 million for CY 2025, an increase of more than \$5 million from CY 2024. LTF will consider requests for grant increases to maintain or increase service delivery as well as to support organizational needs (such as staffing, technology, and infrastructure).

This includes requests based on financial need. Applicants may seek increases in annual support as well as one-time grant awards. LTF will assess applications (for continued funding and increases) in light of the goals, eligibility criteria, and factors identified in its [Grant Guidelines and Instructions for CY 2025](#). LTF's assessment also will be informed by the goals and framework of the [Strategic Plan](#) adopted by the LTF board in 2022.

We encourage you to upload any relevant supporting documents following the prompt at the bottom of this page.

**Case for Funding Increase \***

0/10000

**Case for Funding Increase - Supporting Documents**

You may provide additional materials in support of your request for an increased grant. If your request proposes a significant funding increase or new spending (such as for a new staff position or a new initiative) we strongly recommend providing an expense budget or other documentation that shows how your organization will allocate an increased grant.

Note: The system will accept only one upload per question. If you have multiple documents, combine them into a single document (e.g., one PDF) and upload.

**Page 6.b: New Applicant Request – Page Only Displays for New Applicants**

**(Not All Applicants Will Fill Out This Page)**

**Amount of Request \***

**New Applicants: Summary of Qualifications & Experience \***

Provide a three or four sentence summary of the qualifications and relevant experience your organization and/or key personnel have in providing legal services.

0/10000

**Description of Qualifications and Experience**

Provide a detailed overview of your organization and key personnel including:

- The amount of legal services provided by the organization over the past 12 months and any changes in the amount of services during that time.
- Impacts of the services your organization provides.
- The relevant legal experience and/or organizational leadership experience of key personnel.
- Any partnerships with other organizations that allow your organization to leverage additional resources.

**Description of Qualifications & Experience \***

0/8000

**Case for Funding**

LTF will assess applications for funding in light of the goals, eligibility criteria, and factors identified in the [Grant Guidelines and Instructions for CY 2025](#). In this section, new applicants should (1) summarize the strengths, characteristics, capabilities, and/or initiatives that allow your organization or program to respond effectively to critical client needs and (2) define the scope of the program and legal services for which you are requesting support. In addition to the Grant Guidelines, LTF's assessment will be informed by the goals articulated in the [Strategic Plan](#) adopted by the LTF board in 2022.

**Case for Funding \***

0/10000

**Tax Exempt Status \***

Please upload a copy of the IRS letter showing your organization's tax exempt status.

Choose File



## **Page 6.1 - Waiver Request Status**

### **(Not All Applicants Will Fill Out This Page)**

You indicated earlier that you do not employ an attorney who meets the LTF eligibility criteria.

LTF's grantmaking focuses on organizations and programs that use attorneys to deliver and/or supervise the delivery of legal services. Consistent with this approach, LTF requires applicants to employ at least one (1) paid, full-time equivalent staff attorney who has been licensed to practice for a minimum of three years at the time the annual grant application is due on September 16, 2024. (See LTF's [Grant Guidelines & Instructions for CY 2025](#) for more detail about eligibility for grant funding.)

In 2021, LTF updated its application process to give emerging organizations and/or legal aid programs based in under-resourced communities (with a special emphasis on those led and/or governed by members of historically marginalized groups) the opportunity to request a temporary, one-year waiver of this requirement. This update was based on the recognition that past and present exclusion and under-investment may prevent such organizations or programs -- many of which reach under-served populations, address unmet needs, and/or offer new ways of helping people solve legal problems -- from being able to meet this eligibility requirement.

The LTF Board of Directors may, at its discretion, grant a temporary, one-year waiver of the one attorney requirement for emerging organizations or legal aid programs based in under-resourced communities, in particular those led by and/or governed by members of historically marginalized groups. If granted, a waiver would enable LTF to consider making a CY 2025 grant to an organization that: (1) does not have an attorney on staff; (2) employs an attorney who does not meet the experience requirement; or (3) employs an attorney who works on a less than full-time basis.

Applicants that are granted a waiver and ultimately receive an annual grant from LTF will be expected to have attorney staffing that meets the one-attorney requirement by the time the application for subsequent annual funding is due. (For example, by September 2025 for applications for CY 2026 funding.) Applicants seeking a waiver will be asked to describe their plan for meeting the one-attorney requirement within that time frame. For applicants that propose to meet the one-attorney requirement by establishing and filling a new attorney position, LTF will not be the sole funder of that new position. Applicants should identify other funding sources (in addition to LTF) they intend to rely on to meet the one-attorney requirement within that time frame.

Waiver decisions will be granted based on multiple factors and will be made at the sole discretion of the LTF Board of Directors. **Please note that a decision to grant an applicant's waiver request at any point does not guarantee that the applicant will receive annual grant funding.**

For LTF's purposes, an "emerging organization or legal aid program" is generally defined as a non-profit organization or legal aid program of a non-profit organization created within three years of the date that the application is due and/or with an annual budget of under \$300,000 as of the application due date. However, the LTF Board will make waiver determinations based on the complete circumstances presented in this request.

### Waiver Status

Has your organization or program already applied for or received a waiver of the one-attorney rule from LTF? \*

- ☐ We received a waiver  
☐ We have not applied for or received a waiver

### Page 6.2 – Waiver Request Questions

**(Not All Applicants Will Fill Out This Page)**

#### Organizational Detail

Supply any relevant information that clarifies the year your organization or program was established (as listed in the Organization Profile page). Clarifying information would include, for example, a statement that your organization was established five years ago but was recognized as a tax-exempt non-profit by the IRS two years ago. \*

0/500

What is the total annual budget for your organization or legal aid program during the current year? \*

#### Community and Organization Characteristics

In your own words, describe the community or communities in which your organization or program is based. Please include any relevant data to help provide context for the level of need in the area(s) served. \*

0/2000

Describe to what extent your organization or program is led and/or governed by members of historically marginalized groups, including from communities directly impacted by racism. Organizations or programs may be “led” by people in positions such as executive director, founder, or project lead. They are “governed” by boards of directors or advisory boards. \*

0/2500

### **Services Provided, Attorney Involvement, and Quality Assurance**

Please describe the services your organization or program provides; whether and to what extent attorneys are involved in providing those services; and how your organization or program ensures that services are being provided and/or supervised appropriately. \*

0/2500

### **Plans to Comply with the One-Attorney Requirement**

Organizations that obtain a waiver and CY 2025 funding from LTF will be expected to have attorney staffing that meets the one-attorney requirement by the time the CY 2026 application is due in September 2025. Please specify how your organization plans to secure and support the required attorney staffing before or during CY 2025. (Note: For applicants that propose to meet the one-attorney requirement by establishing and filling a new attorney position, LTF will not be the sole funder of that new position. Applicants should identify other funding sources (in addition to LTF) they intend to rely on to meet the one-attorney requirement within that time frame.) \*

0/2000

### **Additional Documents**

Please submit an organizational chart that includes the legal program and the existing or proposed attorney position, if available. You may also provide additional materials about your organization or program (e.g., annual report, client handouts, details about the client population served, fact sheets) in support of your application. Please Note: The system will accept only one upload per question. If you have multiple documents, combine them into a single document (e.g., one PDF) and upload.

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**Page 7: Legal Services: Recent Developments**

**Instructions**

In the space below, please report on notable developments and changes regarding your services and service delivery during the past 12 months, including the four areas listed below. In addition, if your organization received a grant increase from LTF for CY 2024 to hire staff, expand services, or otherwise support your services, please provide an update on the impact of the increased funds to date.

**Awareness, Access & Community Engagement**

Describe any efforts your organization has made in the past 12 months to increase awareness of your services and/or to make those services more accessible to individuals who face significant obstacles in securing legal help. Please identify any new, improved, or expanded community partnerships and briefly describe how your organizations work together.

**Addressing Racial Injustice & Systemic Exclusion**

Describe any efforts your organization has made in the past 12 months to expand legal help to low-income clients facing obstacles related to current or past racial discrimination and/or systemic exclusion. What specific problems or challenges are these expanded services meant to address? Who will benefit from these services and what will change as a result? (Please be as specific as possible.)

**Improvements in Service Delivery**

Describe any changes in structure, processes, and/or use of technology your organization has made in the past 12 months to increase the availability, efficiency, and/or effectiveness of the legal aid services you provide. Describe the reasons for making the changes, the intended results, and any information about results to date.

**Successes, Setbacks, Opportunities, and Outcomes**

Share highlights regarding your organization's work in the past 12 months. This may include but is not limited to information about significant victories, new projects, client outcomes, major staff transitions, emerging plans, external obstacles, and/or significant challenges.

**Legal Services Recent Developments \***

0/10000

**Page 8: Organizational Capacity Overview and Developments**

**Instructions**

In the space below, provide an overview of major organizational developments over the past 12 months. Please address each of the following issues, to the extent they are relevant. **In addition, if your organization received a grant increase from LTF for CY 2024 to increase organizational capacity (e.g., technology purchases, adding back-office positions) please provide an update on the impact of the increased funds to date.**

- Organizational infrastructure & financial management
- Staff leadership/significant staff developments
- Staff recruitment, retention, and salaries
- Diversity, equity, and inclusion initiatives
- Board governance
- Fundraising/Resource development

**Organizational Capacity Overview and Developments \***

0/10000

**Page 9: Organizational Details**

The questions on this page are intended to provide LTF with background information about how legal aid programs address common issues related to service delivery, legal practice, and organizational capacity.

**Case Management System**

Does your organization or program use an electronic case management system? \*

☐ Yes

☐ No

If Yes: What is the name of the system you use?

0/2000

If Yes: How long have you used your current system?

0/500

If Yes: Do you have plans to replace that system in the next 3-4 years?

0/700

Provide any other details you wish to share on this topic.

0/1500

## **Page 10: Supporting Documents**

Please follow the upload prompts on this page to submit the requested documents.

### **Required documents:**

- Annual budget for your organization or program showing income and expenses for the current year
- List of board members
- List or roster of program staff and, if available, organizational chart
- Income eligibility standards
- Audited financial statements for the most recently completed fiscal year
- Fee schedule (if your organization charges fees)

### **If available, please submit any of the following documents:**

- Case acceptance guidelines or statement of priorities
- Strategic planning documents adopted since July 2023

### **Other documents:**

The final question in this section allows you to upload any additional information (e.g., annual report, client brochure) related to your grant request.

### **Annual Budget \***

Attach a copy of your organization or program budget showing income and expenses for the current fiscal year. File Size Limit: 1 MB

[Choose File](#)

### **Board Members \***

Attach a copy of the organization's governing board roster, including names, affiliations, and the year that each member joined the board. Also identify officers and their terms. If the applicant is a program within a larger organization, attach a roster for whichever board most directly oversees the legal aid activities of the program: either its governing board, advisory board, or the governing board of the parent-organization. File Size Limit: 1 MB

[Choose File](#)

### **Staff Roster \***

Upload a list or roster showing the paid staff members at your organization or legal program. The roster should include the name and job title of each staff member listed. If an organizational chart is available, please include it. File Size Limit: 1 MB

[Choose File](#)

### **Income Eligibility Standards \***

Attach a copy of the applicant's standards for eligibility for services. File Size Limit: 1 MB



[Choose File](#)

### **Audited Financial Statements \***

Attach a copy of the audited financial statements for your most recently completed fiscal year. If the audit will be completed after the application due date, please forward a copy to LTF as soon as it is completed. If your organization has never had an audit, please upload your most recent 1099, or other annual financial summary instead. File Size Limit: 3 MB

[Choose File](#)

### **Fee Schedule**

If your organization charges fees to any clients for legal services, attach a list or schedule of those fees. File Size Limit: 1 MB

[Choose File](#)

### **Case Acceptance Guidelines or Statement of Priorities**

If available, attach a copy of your organization's case acceptance guidelines/statement of priorities. File Size Limit: 1 MB

[Choose File](#)

### **Strategic Planning Documents**

Attach a copy of any strategic planning documents adopted since July 1, 2023. File Size Limit: 3 MB

[Choose File](#)

### **Additional Documents**

You may provide additional materials about your organization or program (e.g., annual report, client handouts, details about the client population served, fact sheets) in support of your application. (Optional). File Size Limit 3 MB

[Choose File](#)

### **Please note:**

- The system will accept only one upload per question. If you have multiple documents, combine them into a single document (e.g., one PDF) and upload.
- If you have documents that exceed the size limit of a question you may submit them under "additional documents".

**Page 11: Data Collection: Instructions**

Data Collection Tables: Instructions

The remaining pages of this application contain tables for applicants to complete with data regarding cases, staff and board demographics, client demographics, and organizational revenues and expenses.

Basic instructions for completing the tables are posted at the top of each page. In addition, more detailed information about the data collection tables (including definitions, examples, and how to get help with specific questions) is available on [LTF's Applicant Support webpage](#).

Please note: For data validation purposes, most data cells in these tables require a numerical input (including "0" if the count for that cell is zero). **You will not be able to proceed to the next page of the application until entering a value in each required cell.**

LTF recognizes that completing these data tables will be time consuming for applicants. However, collecting data in this manner is a necessary part of our approach to ensuring we have accurate and complete data from applicants. Thank you for your cooperation.

**Data Collection Contact \***

Identify the person to contact with any questions about your organization's data submission.

**First Name**

**Last Name**

**Email Address**

What type of board most directly oversees your organization or program's legal services work? \*

Board Type

- ☐ Governing Board
- ☐ Advisory Board
- ☐ Governing Board of Parent Organization

**Please use this space to make clarifications or to explain any unique or extenuating circumstances related to your data. (If there are none, write "N/A.") \***

Comments

**Page 12: Data Collection: Case Data**

**Case Data Instructions**

Complete each of the three major sections on this page:

**First**, in the largest table, enter values indicating the number of cases closed during the Case Reporting Period (July 1, 2023 through June 30, 2024). Record each case closed during this period according to the Category of Law and whether it was closed by Staff or Volunteer. To save this page of your data submission and advance to the next page, you must add a value to each cell in the tables, even if the value is "0". For definitions of LTF case categories and levels of service, look for the Data Collection Help Document on the [Applicant Support webpage](#).

**Second**, enter the total number of open cases as of June 30, 2024.

**Third**, list the five most common types of cases in the "Other" category, if applicable.

Category of Law	Staff or Volunteer	Brief Service *	Representation without Litigation *	Administrative Hearing *	Full Representation *	Total
Consumer/Utility	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Consumer/Utility	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Education	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Education	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Employment	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Employment	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

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Family	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Family	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Health	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Health	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Housing	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Housing	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Immigration	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Immigration	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Individual Rights	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Individual Rights	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Juvenile	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Juvenile	Volunteer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Public Benefits	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

Annual Grant Application Questions and Data Requests  
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Public Benefits	Volunteer					0
Criminal Records	Staff					0
Criminal Records	Volunteer					0
Other	Staff					0
Other	Volunteer					0

[Note: The following section automatically populates by totaling the values above.]

Category of Law	Staff or Volunteer	Brief Service	Representation without Litigation	Administrative Hearing	Full Representation	Total
Total	Staff	0	0			0

  

Category of Law	Staff or Volunteer	Brief Service	Representation without Litigation	Administrative Hearing	Full Representation	Total
Total	Volunteer	0	0	0	0	0

  

Category of Law	Staff or Volunteer	Brief Service	Representation without Litigation	Administrative Hearing	Full Representation	Total
Total	Total	0	0	0	0	0

Total Open Cases (as of 6/30/2024) \*

0/100

If you included Closed Cases in the "Other" category above, please list the 5 most common types of "Other" cases your program closed during the case reporting period (otherwise, list "N/A"): \*

0/2000

### Page 13: Data Collection: Zip Codes

#### Instructions for Zip Code Reporting

Applicants are required to report every Illinois zip code in which one or more clients had an address during the Case Reporting Period. Due to the potential length of this reporting, applicants should upload an Excel document in lieu of completing a table here. Download the blank Zip Code Data Report spreadsheet provided from the [Applicant Support webpage](#).

Enter your data on that spreadsheet, save a local copy, and upload the completed report in the field below.

If you are unable to use the LTF template please contact LTF Program Officer for Legal Services Nebula Li ([nebula@ltf.org](mailto:nebula@ltf.org)/312-938-2106).

#### Zip Code Data \*

Choose File

### Page 14: Data Collection: Staff and Board Data

#### Reporting Staff and Board Data

Complete both tables on this page. For the **board table**, using the third column, enter the total number of board members as of June 30, 2024. For the **staff table**, enter the number of staff members in each role in the third column (first data entry column). In the next column, report the total number of part-time staff members in each role. In the final column, report the total number of external hires your program made in each role between July 1, 2023 and June 30, 2024, even if the person hired is no longer employed by your organization.

Please note: You should report **only one role per staff member**. If a staff member plays multiple roles in your organization, select the one role where they spent the majority of their time. For definitions and examples of how to categorize staff members, look for the Data Collection Help Document on the [Applicant Support webpage](#).

To save this page of your data submission and advance to the next page, you must add a value to each cell in the tables, even if the value is "0".

Annual Grant Application Questions and Data Requests  
For reference only. Do not submit.

Category	Role	Total Board Members
Board	Member	

  

Category	Role	Total # Staff Members (include both full-time and part-time) *	# Part-Time Staff Members *	# New Hires (July 1 - June 30) *
Staff	Executive Director/CEO/Director of Legal Aid Project			
Staff	Senior Management Staff			
Staff	Managing/Supervising Attorney			
Staff	Staff Attorney/Senior Staff Attorney			
Staff	Paralegal/Legal Advocate			
Staff	Operational/Administrative			
Staff	Other Staff			
		0	0	0

**Page 15: Data Collection: Staff and Board Demographic Data**

Reporting Demographic Data for Staff and Board

In the tables below, report the requested demographic data for board members and for each member of staff according to the staff roles identified on the previous page. The value you enter for each cell should be based on the number of board and staff members who have identified with each demographic category listed. For definitions of the different demographic categories used here, look for the Data Collection Help Document on the [Applicant Support webpage](#).

The tables below include required reporting on Racial/Ethnic Identity, Birth Year, and Gender Identity. You must enter a value in every cell in these tables to advance, even if the value is "0". The tables also include optional reporting regarding Disability Experience and Sexual Orientation.

Please Note: All values entered on this page should be based on SELF-REPORTED data. If you do not collect these exact categories of information, report numbers in the closest possible category and note any instance where your data collection does not align with LTF's definitions in the comments box at the bottom of the Data Collection: Instructions page earlier in this application.

Annual Grant Application Questions and Data Requests  
For reference only. Do not submit.

Report one data point per person, except in the case of racial and ethnic identity, in which individuals may have selected and you may report more than one identity. You must supply the data requested in the Required Data tables, and you may supply the data requested in the Optional Data tables.

The tables for Optional Data (Disability Experience and Sexual Orientation) are pre-filled with 0s. If you have optional data to report, replace the 0s with the data you have collected.

Board demographic collection date \*

mm/dd/yyyy



Staff demographic collection date \*

mm/dd/yyyy



Demographic Topic	Demographic Category	Board Members *	Executive Director/CE O/Director of Legal Aid Project *	Senior Manageme nt Staff *	Managing/ Supervising Attorney *
Racial/Ethnic Identity	Asian/Asian American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Black/African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Hispanic/Latino/Latina/Latinx	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Native American/Alaska Native/Hawaiian/Indigenous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Middle Eastern/North African	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Caucasian/White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Multi-racial/Multi-ethnic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Racial/Ethnic identity not listed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Not disclosed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



## Annual Grant Application Questions and Data Requests

*For reference only. Do not submit.*

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney *	Paralegal/Legal Advocate *	Operational/Administrative *	Other Staff *
Racial/Ethnic Identity	Asian/Asian American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Black/African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Hispanic/Latino/Latina/Latinx	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Native American/Alaska Native/Hawaiian/Indigenous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Middle Eastern/North African	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Caucasian/White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Multi-racial/Multi-ethnic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Racial/Ethnic identity not listed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial/Ethnic Identity	Not disclosed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**You provided data for the following total number of staff and board members:**

[The following section automatically populates by totaling the values above.]

**You indicated on the Staff & Board Data page that you have the following total number of staff and board members:**

[The following section automatically populates by pulling in a total from a previous page.]

**Did you provide at least one data point for each staff and board member?**

- ☐ Yes
- ☐ No

## Annual Grant Application Questions and Data Requests

*For reference only. Do not submit.*

Demographic Topic	Demographic Category	Board Members *	Executive Director/CEO/Director of Legal Aid Project *	Senior Management Staff *	Managing/Supervising Attorney *
Birth Year Range	1927 - 1945	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	1946 - 1964	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Managing/Supervising Attorney"/>
Birth Year Range	1965 - 1979	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	1980 - 2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	After 2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	Birth year range not listed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	Not disclosed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney *	Paralegal/Legal Advocate *	Operational/Administrative *	Other Staff *
Birth Year Range	1927 - 1945	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	1946 - 1964	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	1965 - 1979	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	1980 - 2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	After 2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Year Range	Not disclosed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**You provided data for the following total number of staff and board members:**

[The following section automatically populates by totaling the values above.]

**You indicated on the Staff & Board Data page that you have the following total number of staff and board members:**

[The following section automatically populates by pulling in a total from a previous page.]

**Did you provide exactly one data point for each staff and board member? \***

- ☐ Yes  
☐ No

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney *	Paralegal/Legal Advocate *	Operational/Administrative *	Other Staff *
Gender Identity	Cis Man	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity	Cis Woman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity	Non-Binary/Non-Conforming	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity	Trans Woman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity	Trans Man	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity	Gender identity not listed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender Identity	Not disclosed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	0	0	0	0

**You provided data for the following total number of staff and board members:**

[The following section automatically populates by totaling the values above.]

**You indicated on the Staff & Board Data page that you have the following total number of staff and board members:**

[The following section automatically populates by pulling in a total from a previous page.]

**Did you provide exactly one data point for each staff and board member? \***

- ☐ Yes  
☐ No

## Optional Data

Demographic Topic	Demographic Category	Board Members	Executive Director/CEO/Direct or of Legal Aid Project	Senior Management Staff	Managing/Supervising Attorney
Disability Experience	Identifies as a person with one or more disabilities	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Disability Experience	Does not identify as a person with a disability	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Disability Experience	Not disclosed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

  

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney	Paralegal/Legal Advocate	Operational/Administrative	Other Staff
Disability Experience	Identifies as a person with one or more disabilities	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Disability Experience	Does not identify as a person with a disability	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Disability Experience	Not disclosed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## Disability Experience Total

[The following section automatically populates by totaling the values above.]

Demographic Topic	Demographic Category	Board Members	Executive Director/CEO/Direct or of Legal Aid Project	Senior Management Staff	Managing/Supervising Attorney
Sexual Orientation	Straight	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Gay/Lesbian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Bisexual	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Sexual orientation identity not listed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Not disclosed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## Annual Grant Application Questions and Data Requests

*For reference only. Do not submit.*

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney	Paralegal/Legal Advocate	Operational/Administrative	Other Staff
Sexual Orientation	Straight	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Gay/Lesbian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Bisexual	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Sexual orientation identity not listed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sexual Orientation	Not disclosed	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

### Sexual Orientation Total

[The following section automatically populates by totaling the values above.]

## Page 16: Data Collection: Client Demographic Data

### Reporting Client Demographic Data

For each demographic category, report the total number of clients served by your organization during the Case Reporting Period. For definitions of the different demographic categories used here, look for the Data Collection Help Document on the [Applicant Support webpage](#).

The tables below include required reporting on Racial/Ethnic Identity, Age, and Gender Identity. You must enter a value in every cell in these tables to advance, even if the value is "0". The tables also include optional reporting regarding Disability Experience and Sexual Orientation.

You must supply the data requested in the Required Data table (and each cell must have a value in order to save this page and advance), and you may supply the data requested in the Optional Data table.

The tables for Optional Data (Disability Experience and Sexual Orientation) are pre-filled with 0s. If you have optional data to report, replace the 0s with the data you have collected.

## Required Data

Demographic Topic	Demographic Category	Clients *
Racial/Ethnic Identity	Asian/Asian American	<input type="text"/>
Racial/Ethnic Identity	Black/African American	<input type="text"/>
Racial/Ethnic Identity	Hispanic/Latino/Latina/Latinx	<input type="text"/>
Racial/Ethnic Identity	Native American/Alaska Native/Hawaiian/Indigenous	<input type="text"/>
Racial/Ethnic Identity	Middle Eastern/North African	<input type="text"/>
Racial/Ethnic Identity	Caucasian/White	<input type="text"/>
Racial/Ethnic Identity	Multi-racial/Multi-ethnic	<input type="text"/>
Racial/Ethnic Identity	Racial/ethnic identity not listed	<input type="text"/>
Racial/Ethnic Identity	Not disclosed	<input type="text"/>
<input type="text"/>	<input type="text"/>	0

Demographic Topic	Demographic Category	Clients *
Age	Children/Youth	<input type="text"/>
Age	Adults	<input type="text"/>
Age	Seniors	<input type="text"/>
Age	Not disclosed	<input type="text"/>

Annual Grant Application Questions and Data Requests  
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		0
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Demographic Topic	Demographic Category	Clients *
Gender Identity	Cis Man	
Gender Identity	Cis Woman	
Gender Identity	Non-Binary/Non-Conforming	
Gender Identity	Trans Woman	
Gender Identity	Trans Man	
Gender Identity	Gender identity not listed	
Gender Identity	Not disclosed	
		0

**Optional Data**

Demographic Topic	Demographic Category	Clients
Disability Experience	Identifies as a person with one or more disabilities	0
Disability Experience	Does not identify as a person with a disability	0
Disability Experience	Not disclosed	0
		0

Annual Grant Application Questions and Data Requests  
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Demographic Topic	Demographic Category	Clients
Sexual Orientation	Straight	0
Sexual Orientation	Gay/Lesbian	0
Sexual Orientation	Bisexual	0
Sexual Orientation	Sexual orientation identity not listed	0
Sexual Orientation	Not disclosed	0
		0

**Page 17: Data Collection: Financial Data**

Financial Data Instructions

Enter the beginning and end dates of your program's fiscal year. Then, enter the total dollar amounts associated with each subcategory of revenue and expenses below. The subcategories used here likely are not perfect counterparts to how your financial data is organized. Therefore, use your best judgment to map your revenue and expense items to the subcategories on this form. In addition, report your organization or program's projected expenses for the current fiscal year.

Please note: All government funds should be attributed to the ORIGINAL source (e.g., Cook County Legal Aid for Housing and Debt is originally FEDERAL Funds. Most IEJF awards are STATE funds. VOCA money that comes through ICJIA is VOCA, and therefore federal funding). If you don't know the original source, please ask your funder. To avoid issues with double-counting, please do not include any funds -- in either the revenue or expense categories -- that are then re-granted to other Illinois legal aid programs.



# Annual Grant Application Questions and Data Requests

*For reference only. Do not submit.*

Fiscal Year Start Date \*

Fiscal Year End Date \*

mm/dd/yyyy



mm/dd/yyyy



Revenues or Expenses	Category	Subcategory	Actual Last Year *
Revenues	LTF	Lawyers Trust Fund	
Revenues	Public	Federal Government (Legal Services Corporation)	
Revenues	Public	Federal Government (Other)	
Revenues	Public	State Government (IEJF)	
Revenues	Public	State Government (A2J)	
Revenues	Public	State Government (R3)	
Revenues	Public	State Government (Other)	
Revenues	Public	Local Government	
Revenues	Private	Cy Pres Awards	
Revenues	Private	Law Firms (including contributions to events)	
Revenues	Private	Bar Foundations and Associations (do not include pass-through funds - those go in Public categories above)	
Revenues	Private	Foundations (NOT bar foundations), Corporations, United Way	
Revenues	Private	Individual Donors	
Revenues	Private	Other Funding Sources	
			\$0.00

## Previous Fiscal Year's Total Revenues

\$0.00

## Annual Grant Application Questions and Data Requests

*For reference only. Do not submit.*

Revenues Or Expenses	Category	Subcategory	Actual Last Year *	Projected This Year *
Expenses	Personnel	Lawyers	<input type="text"/>	<input type="text"/>
Expenses	Personnel	Paralegals	<input type="text"/>	<input type="text"/>
Expenses	Personnel	Other Staff	<input type="text"/>	<input type="text"/>
Expenses	Personnel	Employee Benefits	<input type="text"/>	<input type="text"/>
Expenses	Personnel	Other Personnel Costs	<input type="text"/>	<input type="text"/>
Expenses	Non-Personnel	Total Non-Personnel Costs	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	\$0.00

Previous Fiscal Year's Total Expenses

Current Fiscal Year's Projected Expenses

**This is the last page of the application. Please review your application before clicking Submit.** You cannot update your application via GOapply after clicking Submit.