



## Section 1: LTF Guidelines and Scope of Grant Request

### LTF Grant Guidelines

Please review the [LTF Grant Guidelines & Instructions for CY 2026](#) before you begin working on this application. The guidelines include important information about the LTF goals, grantee eligibility, requesting a grant increase for 2026, and other important details.

### 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.

The questions in this application seek information about the activities and operations of the organization. **When responding to these questions, applicants that are programs should focus their response on the legal program.**

**Note about character limits:** Throughout the narrative portion of this application (Sections 3-7), there are character limits identified for responses to longer questions. The character limits include spaces. As a rule of thumb, one word is approximately six characters long.

### Applicant Support

LTF maintains an [Applicant Support webpage](#) that includes links to a PDF list of the questions in this application, and to a step-by-step guide to completing the application form. Applicants are encouraged to review these resources before beginning to work on this application.

If you need technical assistance with the applicant support webpage, please contact Program Officer for Legal Services Nebula Li ([nebula@ltf.org](mailto:nebula@ltf.org) / 312-938-2106).

## Section 2: Applicant Information

If you are a returning applicant, the information you submitted last year may pre-populate the fields in this section. Please review the information and update as necessary.

Organization Name

AKA (if applicable)

[Note: This field self-populates from your registration]

Name of Legal Program (if different than Organization):

**Executive Director**

**First Name\***

**Last Name\***

**Email Address\***

**Preferred Phone Number\***

**Year Hired\***

**Legal Program Director/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\***

## Section 3: Organization and Service Overview

If you are a returning applicant, the information you submitted last year may pre-populate the fields in this section. Please review the information and update as necessary.

**Mission Statement**

Provide (or confirm) your organization's mission statement in the space below.

**Mission Statement\***

Character Limit: 750

**Year Founded**

Please provide (or confirm) the year your organization or legal program was established.

**Year Founded\***

**Organizational Background**

In the space below, provide a succinct description of your organization and a synopsis of its history, objectives, and experience in providing legal assistance. Your response can include significant landmarks in the development of your organization and other information you believe is significant, but please be aware of the character limit.

**Organizational Background \***

Character Limit: 2500

**Legal Services**

In the space below, provide an overview of the legal services offered by your organization. Your response should address the following questions:

- Who does your organization serve? Your response should describe who is eligible for your services as well as the geographic area(s) you serve.
- What sorts of legal and life problems are you trying to address on behalf of the people you serve? Your response should identify the main areas of law or legal issues handled by your organization.

**Legal Services\***

Character Limit: 2500

## Section 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)?

Tax Exempt Status \*

- ☐ Yes  
☐ No

### 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?

Non-Discrimination Statement \*

- ☐ Yes  
☐ No

### Attorney on Staff

As of the application due date (September 15, 2025) 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 your answer is no, your organization may not be eligible for LTF funding. Before proceeding with your application, you need to contact LTF Deputy Executive Director for Grants & Legal Affairs David Holtermann ([david@ltf.org](mailto:david@ltf.org)/312-810-2630).**

Attorney on Staff \*

- ☐ Yes  
☐ No

### 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?

Attorney Registration \*

- ☐ Yes  
☐ No

### Malpractice Coverage for Staff

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

Malpractice Coverage for Staff \*

- ☐ Yes  
☐ No

### Malpractice Coverage for Volunteers

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

#### Malpractice Coverage for Volunteers \*

- ☐ Yes  
☐ No

### New or Returning Applicant

Did your program receive an Annual Grant from the Lawyers Trust Fund for the current year (CY 2025)? \*

- ☐ Yes  
☐ No

## Section 5: Grant Request Information – *(Note: This Page Only Displays for Returning Applicants)*

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

### Amount of Grant Requested for CY 2026 \*

### CY 2026 Request for Funding Increase

LTF expects to award \$31 million in Annual Grants for CY 2026. LTF will assess applications (for continued funding and increases) in light of the goals, eligibility criteria, and factors identified in the Grant Guidelines and Instructions for CY 2026.

### Request for Funding Increase - Narrative

In the space provided, please describe how the additional funding you are requesting from LTF would impact your organization. This could include what the requested increase would enable your organization to accomplish, and/or what risks or challenges your organization would face in the absence of the requested increase. If you are not requesting an increase, please indicate that by putting n/a in the space provided.

### Request for Funding Increase - Narrative \*

Character Limit: 6000

## Section 5: New Applicant Request – *(Note: This Page Only Displays for New Applicants)*

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

### **Amount of Grant Requested for CY 2026 \***

### **Scope of Services to Be Supported**

In the space provided, explain the scope of the program and legal services for which you are requesting support.

### **Scope of Services to Be Supported \***

Character Limit: 2500

### **Qualifications & Experience**

In the space provided, describe the relevant legal experience and/or organizational leadership experience of the key personnel involved in providing legal services.

In addition, summarize the strengths, characteristics, capabilities, and/or initiatives that allow your organization or program to respond effectively to critical client needs.

### **Qualifications & Experience \***

Character Limit: 2500

### **Request 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 2026](#).

In this space provided, please describe what the grant funds you are requesting from LTF will enable your organization to accomplish, and/or what risks or challenges your organization would face in the absence of the requested amount.

**Request for Funding \***

Character Limit: 6000

## Section 6: Legal Services Delivery

### Service Delivery Model

How does your organization provide legal services?

In the space below:

- Describe the primary means through which clients receive legal help
- Explain how they fit into your organizational strategy to provide services
- Explain how you organize your staff to achieve your service delivery objectives

Your response should include the primary mechanisms you use to provide services, examples of which include but are not limited to: hotlines, branch offices, court-based advice desks, medical-legal partnerships, services hosted off-site by a community partner, etc.

### Service Delivery Model \*

Character Limit: 4000

### Past-Year Accomplishments

In the spaces provided below, describe three (3) significant accomplishments in your delivery of legal services during the past year. Your responses should identify organization-level accomplishments, such as (but not limited to) new projects, improvements in structure or processes, new uses of technology, improvements in community outreach, new or deeper community partnerships, and evidence of beneficial impacts on the population you serve.

Individual client success stories are welcome, but not in the responses in this section. If you would like to share any individual stories, you may include them as a document uploaded through the Additional Documents prompt in Section 8 of the application.

To respond to the question, report on one accomplishment in each of the provided spaces. **The first sentence of each answer should clearly state the accomplishment.** Provide additional explanation and detail up to the character limit.

### Response #1 \*

Character Limit: 2500

**Response 2\***

Character Limit: 2500

**Response 3\***

Character Limit: 2500

**Current Challenges**

In the spaces provided below, describe three (3) significant challenges your organization currently is facing in its delivery of legal services. Challenges can include (but are not limited to) changes in law and policy, evolving client needs, changes in demand for services, obstacles in the justice system, and staffing.

To respond to the question, report on one challenge in each of the provided spaces. **The first sentence of each answer should clearly state the challenge.** Provide additional explanation and detail up to the character limit.

**Response 1 \***

Character Limit: 2500

**Response 2 \***

Character Limit: 2500



**Response 3 \***

Character Limit: 2500

**Recent Changes in Service Delivery**

In the past year, has your organization made changes to its service delivery objectives, case priorities, methods, or strategies? To respond to the question, use the space below to identify those changes and provide more explanation and detail.

**Recent Changes in Service Delivery\***

Character Limit: 2500

**Intake**

What are the most common ways potential clients reach your organization?

To respond to this question, identify three of the most significant or common ways from the list below, and then write a brief overview of how they work and fit into your overall approach to intake.

- Telephone calls to office or dedicated intake line
- Online - email / website form or chatbot
- Walk-ins
- Off-site clinics/ workshops / outreach events
- Internal referrals from other departments within the same organization
- Online applications through the ILAO Online Triage and Intake System
- Direct referral from a community partner
- Direct referral from another legal aid provider
- Direct referral from a court or court-based project (e.g., CCLAHD)
- Direct referral from a legal aid partnership or project (e.g., IL-AFLAN)

**Intake\***

Character Limit: 2500

## Section 7: Organizational Update

### Past-Year Accomplishments

In the spaces provided below, describe three (3) significant accomplishments regarding the health and development of your organization during the past year. Accomplishments can include (but are not limited to) fundraising, governance/board development, human resources policies, strategic planning, organizational restructuring, staff training, volunteer development, infrastructure, etc.

To respond to the question, report on one accomplishment in each of the provided spaces. **The first sentence of each answer should clearly state the accomplishment.** Provide additional explanation and detail up to the character limit.

#### Response 1\*

Character Limit: 2500

#### Response 2\*

Character Limit: 2500

#### Response 3\*

Character Limit: 2500

### Current Challenges

In the spaces provided below, describe three (3) significant challenges facing the health and development of your organization. Challenges can include (but are not limited to) changes in funding, staff retention, governance, etc.

To respond to the question, report on one challenge in each of the provided spaces. **The first sentence of each answer should clearly state the challenge.** Provide additional explanation and detail up to the character limit.

**Response 1 \***

Character Limit: 2500

**Response 2 \***

Character Limit: 2500

**Response 3 \***

Character Limit: 2500

**Leadership Changes**

Have there been changes in the leadership team of your organization during the past year?

To respond to this question, identify changes (such as new leaders, structure, roles) and provide additional detail in the space provided below. Include a brief biography or resume of any newly hired leaders in the Additional Documents prompt in Section 8 of the application.

For legal programs that are housed within larger organizations, this question pertains to the leadership of the legal program. Please note any changes to the executive leadership of the organization but provide additional detail only regarding leaders of the legal program.

**Leadership Changes\***

Character Limit: 2500

### Staffing Levels

Have there been significant changes in the level of staffing for your organization during the past year?

In addition to addressing significant changes to staffing levels, your response to this question may also describe changes to the composition of your staff and/or staff roles that you believe are relevant.

#### Staffing Levels\*

Character Limit: 2500

## Section 8: Supporting Documents

In addition to the narrative questions (Sections 2 - 7) and data collection requests (Sections 9 - 15), this application seeks documents from each applicant. In this section, applicants are prompted to upload five (5) required documents, and up to four (4) other documents if they are applicable. There also is an opportunity to upload any other supporting documents of your choosing. The required and if-applicable documents are listed below. The upload prompts later in this section provide further detail about each of the documents requested. For each, use the upload button following each prompt to submit the requested document.

#### Required documents:

- Annual budget for your organization or program showing income and expenses for your current fiscal 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

#### If-applicable documents:

- Fee schedule (if your organization charges fees)
- Case acceptance guidelines or statement of priorities
- Strategic planning documents adopted since July 2024
- **Required for first time applicants: IRS letter showing tax exempt status**

#### Additional documents (Optional):

The final question in this section allows you to upload any additional information related to your organization or grant request (such as but not limited to an annual report, descriptions of notable cases/results for clients, materials distributed to people served by your organization, fact sheets).

#### Annual Budget \*

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

[Choose File](#)

#### **Board Members \***

Attach a copy of the governing board roster for your organization, 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. **Organizations or programs with more than 20 employees on staff may opt to provide a list of key management instead of providing a full staff list.** The list provided should include the name and job title of each staff member listed. If an organizational chart is available, please include it as well. File Size Limit: 1 MB.

[Choose File](#)

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

Attach a copy of the standards for eligibility for free legal services offered by the applicant. File Size Limit: 1MB.

[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 Form 990, 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 case acceptance guidelines/statement of priorities for your organization. File Size Limit: 1 MB.

[Choose File](#)

#### **Strategic Planning Documents**

Attach a copy of any strategic planning documents adopted since July 1, 2024. File Size Limit: 3 MB.

Choose File

**Tax Exempt Status (required for new applicants only)**

Please upload a copy of the IRS letter showing the tax exempt status of your organization. File Size Limit: 1 MB.

Choose File

**Additional Documents (Optional)**

You may provide additional materials about your organization or program (e.g., annual report, descriptions of notable cases/results for clients, materials distributed to people served by your organization, 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.

## Section 9: 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 \*

0/50

Last Name \*

0/50

Email Address \*

0/100

### Board Type

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

### Comments

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 \***

0/2000

## Section 10: 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, 2024 through June 30, 2025). 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". Do not add any special characters like commas. 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 cases that were open **on June 30, 2025, the final day of the Case Reporting Period**. The purpose of this data request is to get a snapshot of the workload of your organization (i.e. open cases) on the final day of the case reporting period.

**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

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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 6/30/2025) \*

Character Limit: 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. (If you did not report any Closed Cases in the "Other" category above, add "N/A" to the response below to advance to the next section.) \*

Character Limit: 2000

## Section 11: 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 \***

File Size Limit: 20MB

Choose File

## Section 12: 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, 2025. 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, 2024 and June 30, 2025, 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". Do not add any special characters like commas.

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

## Section 13: 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". Do not add any special characters like commas. 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 the LTF definitions in the comments box at the bottom of Page 6 (Section 9: Data Collection: Instructions) earlier in this application.

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 \*

Staff demographic collection date \*

Demographic Topic	Demographic Category	Board Members *	Executive Director/CE O/Director of Legal Aid Project *	Senior Managem ent 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"/>

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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"/>	0	0	0	0

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"/>	<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.]

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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

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 A"/>
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"/>
	Demographic Category				
Birth Year Range	Not disclosed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		0	0	0	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"/>

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Birth Year Range	Not disclosed				
	Demographic Category				
		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

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney *	Paralegal/Legal Advocate *	Operational/Administrative *	Other Staff *
Gender Identity	Cis Man				
Gender Identity	Cis Woman				
Gender Identity	Non-Binary/Non-Conforming				
Gender Identity	Trans Woman				
Gender Identity	Trans Man				
Demographic Topic Gender Identity	Gender identity not listed				
Gender Identity	Not disclosed				
		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/Director 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.]

# 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
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"/>

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.]

## Section 14: 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". Do not add any special characters like commas. 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"/>	<input type="text" value="0"/>

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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"/>
<input type="text"/>	<input type="text"/>	0

Demographic Topic	Demographic Category	Clients *
Gender Identity	Cis Man	<input type="text"/>
Gender Identity	Cis Woman	<input type="text"/>
Gender Identity	Non-Binary/Non-Conforming	<input type="text"/>
Gender Identity	Trans Woman	<input type="text"/>
Gender Identity	Trans Man	<input type="text"/>
Gender Identity	Gender identity not listed	<input type="text"/>
Gender Identity	Not disclosed	<input type="text"/>
<input type="text"/>	<input type="text"/>	0

Annual Grant Application Questions and Data Requests  
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**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

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

## Section 15: Data Collection: Financial Data

### Financial Data Instructions

Enter the beginning and end dates of the fiscal year for your program. 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 projected expenses for the current fiscal year for your organization or program.

**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 funds). If you do not 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. **Do not add any special characters like dollar signs, commas, or periods.**

Fiscal Year Start Date *		Fiscal Year End Date *	
<input type="text" value="mm/dd/yyyy"/>		<input type="text" value="mm/dd/yyyy"/>	

Revenues or Expenses	Category	Subcategory	Actual Last Year *
Revenues	LTF	Lawyers Trust Fund	<input type="text"/>
Revenues	Public	Federal Government (Legal Services Corporation)	<input type="text"/>
Revenues	Public	Federal Government (Other)	<input type="text"/>
Revenues	Public	State Government (IEJF)	<input type="text"/>
Revenues	Public	State Government (A2J)	<input type="text"/>
Revenues	Public	State Government (R3)	<input type="text"/>
Revenues	Public	State Government (Other)	<input type="text"/>
Revenues	Public	Local Government	<input type="text"/>

## Annual Grant Application Questions and Data Requests

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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

Revenues Or Expenses	Category	Subcategory	Actual Last Year *	Projected This Year *
Expenses	Personnel	Lawyers		
Expenses	Personnel	Paralegals		
Expenses	Personnel	Other Staff		
Expenses	Personnel	Employee Benefits		
Expenses	Personnel	Other Personnel Costs		
Expenses	Non-Personnel	Total Non-Personnel Costs		
			\$0.00	\$0.00

### Previous Fiscal Year's Total Expenses

\$0.00

### Current Fiscal Year's Projected Expenses

\$0.00

This is the last page of the application. Please review your application before clicking Submit. You can do this either by clicking back through the pages of the application, or by visiting the In Progress page and clicking on the button with the downward arrow inside the square, located to the right of the View button. You cannot update your application via the grants portal after clicking Submit.

**PLEASE CLICK SUBMIT ONLY ONCE. There may be a delay of several minutes before you receive your confirmation email. Clicking multiple times will cause errors in the data collection pages.**