



Section 1: LTF Guidelines and Scope of Grant Request

LTF Grant Guidelines

Please review the [Annual Grant Guidelines and Instructions for CY 2027](#) before you begin working on this application. The guidelines include important information about the LTF goals, grantee eligibility, requesting a grant increase for 2027, 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 civil legal assistance to low-income individuals and families residing in Illinois.

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 / 312-938-2106).

Section 2: Applicant Information

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

Mission Statement

Provide the mission statement for your organization in the space below.

Mission Statement*

Character Limit: 750

Year Founded

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

Year Founded*

Organizational Background

In the space below, provide a succinct description of your organization or program 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 or program and other information you believe is important, 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 or program. Your response should address the following questions:

- Who does your organization or program 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 and legal issues handled by your organization or program.

Legal Services*

Character Limit: 2500

Section 4: Organizational Assurances

Tax Exempt Status

Is your program a standalone 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 your program provide legal services in a nondiscriminatory manner? This means your program does not deny 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. It also means your program's assistance is open to people of all faiths; that service decisions are not based on the faith or religion of any prospective client or client; and that your program's policies and practices regarding the provision of legal services do not conflict with LTF's nondiscrimination policy.

Non-Discrimination Statement *

- ☐ Yes
☐ No

Qualified Attorney on Staff

Does your organization or program employ at least one (1) qualified attorney as defined in LTF's Attorney Staffing Requirement (see page 4 of the [Grant Guidelines and Instructions for CY 2027](#))?

Attorney on Staff *

- ☐ Yes
☐ No

Organizations without a Qualified Attorney

- **Current Grantees:** *If your organization received an Annual Grant from the Lawyers Trust Fund for the current year (CY 2026) and you do not have a Qualified Attorney on staff, you must request a Current Grantee Waiver to apply for funding. If this is the case, mark "No." You will be required to answer additional questions in Section 5 (for Current Grantees).*
- **New Applicants:** *If your organization did not receive an Annual Grant for the current year (CY 2026), you may apply for LTF funding only if the LTF Board has approved your organization's New Applicant Waiver. If the LTF Board has approved your organization's New Applicant Waiver, mark "No" and continue working on the application.*

If your organization does not have a Qualified Attorney on staff, you are strongly encouraged to contact LTF Deputy Executive Director for Grants & Legal Affairs David Holtermann (david@ltf.org/312-938-3076) to verify whether your organization can apply for LTF funding.

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 pursuant to 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 2026)? *

- ☐ Yes
☐ No

Section 5: Grant Request Information (TO BE COMPLETED BY RETURNING APPLICANTS ONLY)

(Not All Applicants Will View or Fill Out This Page)

Amount of Grant Requested for CY 2027 *

CY 2027 Request for Funding Increase

LTF expects to increase the total amount of funding available for this cycle. 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 2027](#).

Request for Funding Increase - Narrative

In the space provided, please describe how the additional funding you are requesting from LTF would impact your organization or program. This could include what the requested increase would enable your organization or program 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

Current Grantee Waiver Request (if applicable)

Only respond to the questions below if you are requesting a Current Grantee Waiver for CY 2027 because your organization does not currently meet the Attorney Staffing Requirement.

If you are not seeking a Current Grantee Waiver, please skip the questions below and proceed to the next page.

Reason for Requesting a Waiver

Why is your organization requesting a Current Grantee Waiver? Briefly explain the circumstances under which your organization or program does not meet the Attorney Staffing Requirement. Specify when these circumstances arose. (For example, "Our program's sole attorney resigned from their position on August 1" or "the attorney had to reduce their hours due to a medical issue in their family.")

Reason for Requesting a Waiver

Character Limit: 1500

Plans to Comply with Attorney Staffing Requirement

What is your organization currently doing to secure attorney staffing that meets LTF's requirement?

- If you are attempting to fill a vacancy, briefly specify what steps you have taken to date. (For example, "We posted the position announcement on July 23.")
- If your organization has not yet taken steps to fill the vacancy or otherwise meet the Attorney Staffing Requirement, what are your plans to meet it within the next 12 months?

Plans to Comply with Attorney Staffing Requirement

Character Limit: 1500

Current Needs

In the absence of a Qualified Attorney on staff, how is your organization or program currently handling the legal needs of current and prospective clients?

Current Needs

Character Limit: 1500

Section 5: Grant Request Information (TO BE COMPLETED BY NEW APPLICANTS ONLY)

(Not All Applicants Will View or Fill Out This Page)

Amount of Grant Requested for CY 2027 *

Scope of Legal Services to Be Supported

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

Scope of Legal 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 2027](#).

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

Request for Funding *

Character Limit: 6000

Section 6: Legal Services Delivery

Legal Services Delivery Model

How does your organization or program provide legal services?

In the space below:

- Describe the primary methods through which clients receive legal help
- Explain how these methods 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.

Legal Services 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/program-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 or program 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 or program 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

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 or program 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 or program. 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 or program 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

Governing Board Term Limits and Tenure

In the space below, respond to the following questions and prompts regarding your organization's governing board:

- Does your organization have term limits for members of its governing board? How long is each board term and how many terms can a member serve?
- Does your organization have term limits for board officers? How long are officer terms? How many terms can an officer serve in any officer role?
- How long has your current board president served in that capacity?

Governing Board Term Limits and Tenure*

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 with additional detail about each of the documents requested. For each, use the upload button following each prompt to submit the requested document.

REQUIRED

Annual Budget (required)*

Upload a copy of your organization budget showing income and expenses for your current fiscal year. (If you are reporting for a program housed within a larger organization, this budget should reflect the income and expenses of the program, not the entire organization.) File Size Limit: 1 MB.

[Choose File](#)

Board Members (required)*

Upload a copy of the governing board roster for your organization, including names, affiliations, and the year that each member joined the board. Also identify the officers and their respective terms. (If the applicant is a program within a larger organization, upload 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 (required)*

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 (required) *

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

[Choose File](#)

Audited Financial Statements (required) *

Upload a copy of the audited financial statements for your most recently completed fiscal year.

- If that audit will be completed after the application due date, provide information (by uploading an explanation) that identifies the expected completion date. Forward a copy of your audit to Program Officer for Legal Services Nebula Li at nebula@ltf.org as soon as it is completed.
- If your organization is required to obtain a review of its financial statements in lieu of an audit, upload a copy of the reviewed statements.
- If your organization has never had an audit or review, upload your most recent Form 990.
- If none of the financial statements described here are available, upload an explanation. File Size Limit: 3 MB.

[Choose File](#)

REQUIRED IF APPLICABLE

Fee Schedule (required if applicable)

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

[Choose File](#)

Case Acceptance Guidelines or Statement of Priorities (required if applicable)

If your organization or program has case acceptance guidelines or a statement of case priorities, upload a copy. File Size Limit: 1 MB.

[Choose File](#)

Strategic Planning Documents (required if applicable)

If your organization has completed a strategic plan since September 1, 2025, upload a copy. File Size Limit: 3 MB.

[Choose File](#)

Tax Exempt Status (required for new applicants only)

If you are a new applicant, upload a copy of the IRS letter showing the tax exempt status of your organization. File Size Limit: 1 MB.

[Choose File](#)

OPTIONAL

Additional Documents (Optional)

You may upload additional materials about your organization or program (e.g., annual report, descriptions of notable cases/results for clients, brief biography or resume of any newly hired leaders, materials distributed to people served by your organization, fact sheets) in support of your application. (Optional). File Size Limit: 5 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.**

On each page, make sure to click Save Draft at the bottom left of each page before clicking Next to ensure your responses are saved. Clicking Save Draft at the bottom of each page is important for saving your work and ensuring the system advances to the next appropriate application page based on your responses.

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 the legal work completed by your organization or program?

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 *

Character Limit: 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, 2025 through June 30, 2026). 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, 2026, 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
Advance Planning/Wills/Estates	Staff					0
Advance Planning/Wills/Estates	Volunteer					0
Consumer/Utility	Staff					0
Consumer/Utility	Volunteer					0
Criminal Records	Staff					0
Criminal Records	Volunteer					0
Education	Staff					0
Education	Volunteer					0

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Employment	Staff					0
Employment	Volunteer					0
Family	Staff					0
Family	Volunteer					0
Health	Staff					0
Health	Volunteer					0
Housing	Staff					0
Housing	Volunteer					0
Immigration	Staff					0
Immigration	Volunteer					0
Individual Rights	Staff					0
Individual Rights	Volunteer					0
Juvenile	Staff					0
Juvenile	Volunteer					0
Public Benefits	Staff					0
Public Benefits	Volunteer					0

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

Other	Staff					0
Other	Volunteer					0

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

All Categories of Law	Staff	Brief Service	Representation without Litigation	Administrative Hearing	Full Representation	Total
Total	Staff	0	0	0	0	0

All Categories of Law	Volunteer	Brief Service	Representation without Litigation	Administrative Hearing	Full Representation	Total
Total	Volunteer	0	0	0	0	0

All Categories of Law	Staff and Volunteer	Brief Service	Representation without Litigation	Administrative Hearing	Full Representation	Total
Total	Total	0	0	0	0	0

Total Open Cases (as of 6/30/2026) *

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

To complete the Zip Code Data Report, applicants should report each Illinois zip code for which a client had an address during the Case Reporting Period, and then for each zip code, report that number of cases closed 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/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, 2026. 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, 2025 and June 30, 2026, 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.

Total Number of Board Members*

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 *

Required Data

Demographic Topic	Demographic Category	Board Members *	Executive Director/CEO / Director of Legal Aid Project *	Senior Management Staff *	Managing/ Supervising Attorney *
Racial/Ethnic Identity	Asian/Asian American				
Racial/Ethnic Identity	Black/African American				
Racial/Ethnic Identity	Hispanic/Latino/Latina/Latinx				

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Racial/Ethnic Identity	Native American/Alaska Native/Hawaiian/Indigenous				
Racial/Ethnic Identity	Middle Eastern/North African				
Racial/Ethnic Identity	Caucasian/White				
Racial/Ethnic Identity	Multi-racial/Multi-ethnic				
Racial/Ethnic Identity	Racial/Ethnic identity not listed				
Racial/Ethnic Identity	Not disclosed				
		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				
Racial/Ethnic Identity	Black/African American				
Racial/Ethnic Identity	Hispanic/Latino/Latina/Latinx				
Racial/Ethnic Identity	Native American/Alaska Native/Hawaiian/Indigenous				
Racial/Ethnic Identity	Middle Eastern/North African				
Racial/Ethnic Identity	Caucasian/White				
Racial/Ethnic Identity	Multi-racial/Multi-ethnic				
Racial/Ethnic Identity	Racial/Ethnic identity not listed				
Racial/Ethnic 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 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				
Birth Year Range	1946 - 1964				Managing/Supervising A
Birth Year Range	1965 - 1979				
Birth Year Range	1980 - 2000				
Birth Year Range	After 2000				
Birth Year Range	Birth year range not listed Demographic Category				
Birth Year Range	Not disclosed				
		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				
Birth Year Range	1946 -1964				
Birth Year Range	1965 - 1979				
Birth Year Range	1980 - 2000				
Birth Year Range	After 2000				
Birth Year Range	Birth year range not listed				
Birth Year Range	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

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				
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	0	0	0	0
Disability Experience	Does not identify as a person with a disability	0	0	0	0
Disability Experience	Not disclosed	0	0	0	0
		0	0	0	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 Demographic Category	0	0	0	0
Disability Experience	Does not identify as a person with a disability	0	0	0	0
Disability Experience	Not disclosed	0	0	0	0
		0	0	0	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	0	0	0	0
Sexual Orientation	Gay/Lesbian	0	0	0	0
Sexual Orientation	Bisexual	0	0	0	0
Sexual Orientation	Sexual orientation identity not listed	0	0	0	0
Sexual Orientation	Not disclosed	0	0	0	0
		0	0	0	0

Demographic Topic	Demographic Category	Staff Attorney/Senior Staff Attorney	Paralegal/Legal Advocate	Operational/Administrative	Other Staff
Sexual Orientation	Straight	0	0	0	0
Sexual Orientation	Gay/Lesbian	0	0	0	0
Sexual Orientation	Bisexual	0	0	0	0
Sexual Orientation	Sexual orientation identity not listed	0	0	0	0
Sexual Orientation	Not disclosed	0	0	0	0
		0	0	0	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	
Racial/Ethnic Identity	Black/African American	
Racial/Ethnic Identity	Hispanic/Latino/Latina/Latinx	
Racial/Ethnic Identity	Native American/Alaska Native/Hawaiian/Indigenous	
Racial/Ethnic Identity	Middle Eastern/North African	
Racial/Ethnic Identity	Caucasian/White	
Racial/Ethnic Identity	Multi-racial/Multi-ethnic	
Racial/Ethnic Identity	Racial/ethnic identity not listed	
Racial/Ethnic Identity	Not disclosed	
		0

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Demographic Topic	Demographic Category	Clients *
Age	Children/Youth	
Age	Adults	
Age	Seniors	
Age	Not disclosed	
		0

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

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 *
mm/dd/yyyy	mm/dd/yyyy

Revenues	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	

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

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

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.