

Appendix F

STATE JUSTICE INSTITUTE APPLICATION

1. APPLICANT a. Applicant Name _____ b. Organizational Unit _____ c. Street/P.O. Box _____ d. City _____ e. State _____ f. Zip Code _____ g. Phone Number _____ h. Fax Number _____ i. Web Site Address _____ j. Name & Phone Number of Contact Person _____ k. Title _____ l. E-Mail Address _____	2. TYPE OF APPLICANT <i>(Circle appropriate letter)</i> a. State court b. National organization operating in conjunction with State court c. National State court support organization d. College or university e. Other non-profit organization or agency f. Individual g. Corporation or partnership h. Other unit of government i. Other _____ <i>(specify)</i>
5. EMPLOYER IDENTIFICATION # _____	3. PROPOSED START DATE _____
7. ENTITY TO RECEIVE FUNDS <i>(if different from above)</i> a. Organizational Name _____ b. Organizational Unit _____ c. Street/P.O. Box _____ d. City _____ e. State _____ f. Zip Code _____ g. Phone Number _____ h. Fax Number _____ i. Web Site Address _____ j. Name & Phone Number of Contact Person _____ k. Title _____ l. E-Mail Address _____	4. PROJECT DURATION (Months) _____
9. TITLE OF PROPOSED PROJECT _____	6. IF THIS APPLICATION HAS BEEN SUBMITTED TO OTHER FUNDING SOURCES, PLEASE PROVIDE THE FOLLOWING INFORMATION: Source _____ Date Submitted _____ Amount Sought _____ Disposition (if any) or Current Status _____
10. CONGRESSIONAL DISTRICT OF: _____ Name of Representative; District Number	8. a. AMOUNT REQUESTED FROM SJI \$ _____ b. AMOUNT OF MATCH Cash match \$ _____ Non-cash match \$ _____ c. TOTAL MATCH \$ _____ d. TOTAL PROJECT COST \$ _____
11. CERTIFICATION On behalf of the applicant, I hereby certify that to the best of my knowledge the information in this application is true and complete. I have read the attached assurances (Form D) and understand that if this application is approved for funding, the award will be subject to those assurances. I certify that the applicant will comply with the assurances if the application is approved, and that I am lawfully authorized to make these representations on behalf of the applicant. SIGNATURE OF RESPONSIBLE OFFICIAL OF APPLICANT _____ TITLE _____ DATE _____ (For applications from State and local courts, Form B, Certificate of State Approval, must be attached.)	
FOR INSTITUTE USE ONLY	
12. a. APPLICATION NUMBER _____ b. CONCEPT PAPER NUMBER _____ c. GRANT NUMBER _____	13. DATE RECEIVED _____ 14. DATE OF ACTION _____