

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 _____ <div style="text-align: right;"><small>(specify)</small></div>
3. PROPOSED START DATE _____	
4. PROJECT DURATION (Months) _____	
5. EMPLOYER IDENTIFICATION # _____	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 _____
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 _____	8. a. AMOUNT REQUESTED FROM SJI \$ _____ b. AMOUNT OF MATCH Cash match \$ _____ Non-cash match \$ _____ c. TOTAL MATCH \$ _____ d. TOTAL PROJECT COST \$ _____
9. TITLE OF PROPOSED PROJECT _____	
10. CONGRESSIONAL DISTRICT OF: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name of Representative; District Number Project (if different than applicant): Name of Representative; District Number </div>	
11. CERTIFICATION <p>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.</p>	
<div style="display: flex; justify-content: space-between; font-size: x-small;"> SIGNATURE OF RESPONSIBLE OFFICIAL OF APPLICANT TITLE DATE </div> <p style="font-size: x-small;">(For applications from State and local courts, Form B, Certificate of State Approval, must be attached.)</p>	
FOR INSTITUTE USE ONLY	
12. a. APPLICATION NUMBER _____ b. CONCEPT PAPER NUMBER _____ c. GRANT NUMBER _____	13. DATE RECEIVED _____
14. DATE OF ACTION _____	