STATE JUSTICE INSTITUTE
APPLICATION

1. APPLICANT
a. Organization Name_____
b. Street/P.O. Box _____
c. City _____
d. State _____ e. Zip Code _____
f. Phone Number _____
g. Fax Number _____
h. Web Site Address _____
i. Name & Phone Number of Contact Person
_____
j. Title _____
k. E-Mail Address _____

2. TYPE OF APPLICANT (Check appropriate box)

□ State Court
□ National organization operating in conjunction with State court
□ National State court support organization
□ College or university
□ Other non-profit organization or agency
□ Individual
□ Corporation or partnership
□ Other unit of government
□ Other _____
(Specify) _____

3. PROPOSED START DATE _____

4. PROJECT DURATION (months) _____

5. APPLICANT FINANCIAL CONTACT
a. Organization Name_____
b. Street/P.O. Box _____
c. City _____
d. State _____ e. Zip Code _____
f. Phone Number _____
g. Fax Number _____
h. Web Site Address _____
i. Name & Phone Number of Contact Person
_____
j. Title _____
k. E-Mail Address _____
l. Organization EIN _____

6. IF THIS APPLICATION HAS BEEN SUBMITTED TO OTHER FUNDING SOURCES, PLEASE PROVIDE THE FOLLOWING INFORMATION:
Source _____
Date Submitted _____
Amount Requested _____
Disposition (if any) or Current Status _____
_____

7. a. AMOUNT REQUESTED FROM SJI $_____
b. AMOUNT OF MATCH
Cash Match **$**_____
In-kind Match **$**_____
c. TOTAL MATCH **$**_____
d. OTHER CASH **$**_____
e. TOTAL PROJECT COST **$**_____

8. TITLE OF PROPOSED PROJECT

9. CONGRESSIONAL DISTRICT OF: _____ _____
Name of Representative; District Number — Project location (if different from applicant location): Name of Representative; District Number

10. 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 the behalf of the applicant.

_____ _____ _____
SIGNATURE OF RESPONSIBLE OFFICIAL TITLE DATE
(For applications from State and local courts, Form B - Certificate of State Approval, must be attached)