**Administrative Office of the Courts**

**ACCESS TO JUSTICE DEPARTMENT**

**2001 E/F Commerce Park Drive, Annapolis, MD 21401**

NOFA No. N15000226N

**Grant Application Cover Sheet**

**Organization Name**:

**Office/Department/Unit:**

**Project / Program Name:**

**Address**:

**City**: **State**: **ZIP**:

**Federal Employee Identification Number (FEIN)**: **DUNS:**

**Amount Requested: $**  **Match: $**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Name** | **Phone Number** | **Email** |
| Administrative Judge/ Organization Director: |  |  |  |
| Court Administrator/ Administrative Clerk: |  |  |  |
| Project Manager: |  |  |  |
| Project Finance Manager: |  |  |  |

|  |
| --- |
| **Authorizing Signatures** *In submitting this application, applicants agree to abide by all terms of the Judiciary’s* [*General Conditions*](http://mdcourts.gov/family/grantadmin.html) *as well as the terms of the* [*Special Conditions*](http://mdcourts.gov/family/grants/spg/2015spgguidelines.pdf) *for the* ***Language Access Signage Grant Program.****.* This grant application has been approved and is authorized for submission by: |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Printed Name*  | *Printed Name*  |
|  |  |
| *Title* | *Title*  |

*Signature Date Signature Date*

**Please submit your application to:**  **pamela.ortiz@mdcourts.gov** **no later than**

***Friday, February 20, 2015 at 4:30 p.m*.**

##### MARYLAND ADMINISTRATIVE OFFICE OF THE COURTS

**ACCESS TO JUSTICE DEPARTMENT**

##### LANGUAGE ACCESS SIGNAGE GRANTS – CIRCUIT COURTS - FY2015

##### GRANT APPLICATION

## **PROJECT ABSTRACT**

Provide a brief description of the project that summarizes the information in the Project Narrative.

##### PROJECT NARRATIVE

Provide a narrative description of the proposed project using the outline below. The narrative should not exceed 5 pages. Applications should be developed using an 8” x 11 ½” page format with one-inch margins and 12-point font. In addition to the cover sheet and narrative description of the project, applicants must submit a detailed budget with justification, and a letter of support from the administrative judge of the court.

#### PROJECT PERIOD

Specify the beginning and end dates of the proposed project period.

**PROBLEM STATEMENT**

Provide a clear, concise and well-supported statement of the problem to be addressed.

**NEEDS ASSESSMENT**

Discuss the need for the project and why existing resources or programs do not meet this need.

**PROJECT ACTIVITIES**

Describe the tasks to be undertaken to address the problem

**STAKEHOLDERS**

Identify any person or organization that is actively involved in the project, or whose interests may be affected positively or negatively by execution of the project. Stakeholders can be internal or external to the organization. The public at large may be considered a stakeholder during the project.

**OTHER SOURCES OF FUNDING FOR THE PROJECT**

Identify all funding sources associated with the project including fees authorized by law collected as part of this grant program; fees collected as part of the program shall be tracked and reported as program income, and shall be used for the direct benefit of the program

**OTHER RELEVANT INFORMATION**

Contact Information (Programmatic and Financial)**:**

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Project Director – E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Contact – E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMTION:** Segregation of Duties

The Authorized Representative, Fiscal Authority, Project Director and Fiscal Contact should not be the same individual. An organization should demonstrate the ability to establish segregation of duties.

*Authorized Representative:* An individual within an organization who is legally authorized to sign the application on behalf of the organization The signature of the Authorized Representative implies that the organization endorses the proposed project and is prepared to accept responsibility for it. This person, also called an “Authorizing Official,” is typically the president, vice president, executive director, provost, or chancellor.

*Fiscal Authority:* An individual within an organization who assumes responsibility for all financial management of that organization

*Project Director Contact Information****:*** An individual within an organization who oversees the day to day operation of the project.

*Fiscal Contact Information****:*** Individual within an organization responsible for reconciling grant funds, completing reports related to the grant and disburses grant funds in accordance with the purpose of the grant solely at the direction of the grantee. If the Grantee Fiscal Contact is not in the same organization as the grantee, grantees are required to obtain, in writing, the fiscal contact’s agreement to accept this responsibility before applying for grants.