

OSBF Traditional Grants

Introduction

A pre-submission conference is REQUIRED to be eligible to submit a grant application to the Ohio State Bar Foundation. If you need to schedule your pre-submission conference, please contact Laura Spires at 614.487.4444 or lspires@osbf.org.

The Foundation cannot fund all grant applications and cannot meet the time constraints of some applications. Further, the Foundation may award limited or partial grants.

Be sure to add mail@grantrequest.com to your address book to ensure you receive our communications.

Organization

Organization Name

Address

City State Postal Code
 OH

Organization County
 Franklin

Website

Phone
 XXX-XXX-XXXX

Tax ID

Tax Status
 <None>

Organizational Background

Provide a brief description of your organization, its mission, and strategic initiatives for the next 2-5 years.

Key Contacts

Head of Organization

Prefix

First Name

Last Name
Title
E-mail
Office Phone XXX-XXX-XXXX

Contact for this Request
Same as Head of Organization Contact No
Prefix
First Name
Last Name
Title
E-mail
Office Phone XXX-XXX-XXXX

Proposal

Project Title

Request Amount

Has the applicant completed the required pre-submission conference with OSBF staff?

Pre-Submission Conference Date

Project Start Date

Project End Date

Short Project Summary

Briefly describe your request

The mission of our grantmaking is to promote the public understanding of the law and improvements in the justice system. How does this project support our mission?

Project Description

Describe the grant project including information about the following:

1. A description of need for the project
2. The target population including socio-economic information
3. Goals and objectives, activities planned to meet objectives, project timeline
4. Methods of evaluation
5. Collaborating organizations
6. Plans for continuation or replication of the project beyond initial grant year
7. How the project aligns with your organizations strategic initiatives

Other Funding Sources

Describe other sources of funding that have been or will be sought for this project, including specific amounts.

Partial funding may be awarded. Describe how partial funding would impact this project

Geographical Area Served

Select up to 3 main counties served

OSBA District Served

You may select up to 5 districts served directly by this request.

Please note, not all counties in a district must be served to be selected

Population Served

You may select up to 5 populations directly served by this request

If other, describe below

Attachments

Upload Attachments

Upload the required documents listed below.

To upload a document:

- **Click the "Choose file" button beneath the document name**
- **Browse the location of the document on your computer**
- **Select the document, then click OK**
- **You will return to this page**
- **Click the Upload button**

Please note, no file will be available unless you select Upload

Required Attachments

Project Budget

Provide a detailed budget for the project: including anticipated expenses, details about how Foundation funds will be used, and anticipated income, including information about other sources approached for funding.

Organization budget OR Audited Financial Statement

Provide either your current fiscal year organization budget or your most recent audited financial statement

Optional Attachments

Letter of Support

Additional Document

Any other document you wish to provide

Authorization

Signature of Authorized Person

By entering my name in the box below, I understand that potential grant applicants are required to schedule a pre-submission conference with the Foundation staff prior to completing any grant request. My signature certifies that a pre-submission conference has been completed as specified in the Ohio State Bar Foundation Grant Application procedures.

My signature certifies that the organization above currently has tax-exemption or other proof of status under Internal Revenue Code section 501 (c) (3), that it is not classified as "a private foundation" as defined under section 509 (a), or that I exercise authority on

behalf of a qualified governmental agency.

My signature is made as one who is authorized to do so on behalf of the applicant organization.

Authorized Signer Authorized Signer Title

Authorized Signature Date