**Legal Services Advisory Committee (LSAC) Grant Application**

# Application Cover Sheet

*Please read the FY20-21 Grant Application Guidelines Memorandum before starting this LSAC application. You are accepting the terms of that Memorandum when applying for an LSAC grant. On this cover sheet, enter the information requested in the gray field boxes for proper formatting.*

**Organizational Information**

Name of Organization: 

Organization Address: 

Web Site: 

Name of Director:       Director Telephone: 

Name and Title of LSAC Grant Contact Person: 

Contact Telephone:       Contact Email:      

**What Type(s) of Proposal(s) Are You Submitting?**

Indicate the type(s) of proposal(s) you are submitting and the amount requested. LSAC grants are for a two-year period. LSAC general operating awards the same amount in the first year and second year of the grant. For project grants, LSAC is open to funding different amounts in each of the two years if needed.

 General Operating Grant for Staff Services — **Annual Grant Request:**  **$**

 General Operating Grant for PAI Services — **Annual Grant Request:**  **$**

 Project Grant — **FY20 Grant Request:**  **$       FY21 Grant Request:**  **$**

B of A Project Grant – **FY20 Grant Request:**  **$      FY21 Grant Request:**  **$**

**Is Your Organization Eligible for an LSAC Grant?**

The Organization is a 501(c) (3) tax-exempt organization with a client eligible member on the Board of Directors:   Yes  No

The Organization has a workforce certificate from the Minnesota Department of Human Rights:   Yes  No  Not Applicable (fewer than 40 employees or requesting less than $100,000)

*I certify that all information in this grant application is true and correct to the best of my knowledge and that I have the authority to commit the Organization to the work proposed. This application is valid for a minimum of ninety days from the date of submission.*

Electronic Signature of Director:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application Definitions

**Legal Representation****.** Refers to those services through which lawyers and other legal advocates provide legal representation to clients, in an attorney/client relationship, whether using a staff, volunteer, judicare, or some other model.

**Organization.** Refers to your corporate entity, including all Programs as defined below and other parts of your entity, if any.

Other Eligible Services. Refers to law-related services (other than Legal Representation) eligible for LSAC funding. Examples include community legal education; advocacy on issues affecting eligible clients at the legislature or before other elected bodies, in administrative rulemaking, or the like; support to Programs that provide Legal Representation; mediation and/or other dispute resolution services, administration of justice; and other eligible law-related services not defined as Legal Representation.

**Private Attorney Involvement (PAI).** Refers to legal services provided by private attorneys, rather than staff attorneys, and includes both pro bono and judicare.

**Program.** Refers to that part of your Organization that provides law-related services, including but not limited to, services eligible for LSAC funding**.** Program services may include Legal Representation and/or Other Eligible Services.

**Proposal**. Refers to LSAC’s Request for Proposals across different areas: general operating grant for staff services, general operating grant for private attorney involvement (PAI) services, and project grants. Organizations can submit Proposals in more than one category.

# Application Instructions

## Navigating the Application

This Word document is designed to be viewed with the Navigation Pane feature on. This allows you to move easily across the different sections of this lengthy document. To turn this feature on, go to the View tab on the ribbon bar at the top of your screen and click the box to show the Navigation Pane. You can then click on the different section headings in the document to move around without scrolling.

## Components of Application

Each grant application must include the required sections in the appropriate document format. Do not provide any letters of recommendation or other materials not requested.

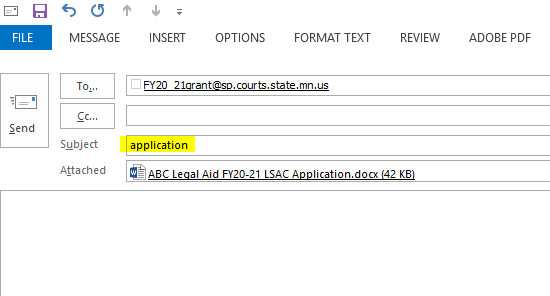
* 1. Word version of this grant application document:
     + Cover Sheet (all applicants - limit one page)
     + Section A - Organizational Capacity Information (all applicants - limit seven pages)
     + Section B, C, D, and/or E - Proposal(s) (an Organization may submit more than one Proposal; delete any Proposal section not used – limit seven pages per Proposal)
     + LSAC Civil Legal System Survey (all applicants including applicable fiscal information tables; do not alter tables in any way – no page limit)
     + 2018 Cases Closed Data Sheets (all applicants whose services include any Legal Representation; follow section instructions – no page limit)
  2. Appendix with Adobe pdf version of audit. Your Organization must provide its most recent audit. If the audit is not from the past fiscal year, please include a cover sheet indicating when the more recent audit will be available. Grant awards may be withheld pending receipt of the audit. Organizations with annual revenue of less than $750,000 who choose not to go through a full audit can provide copies of their most recent Form 990 and annual financial statements with year to date and previous year comparison in lieu of an audit.

## Application Submission

Grant materials must be submitted electronically following the instructions below. Applicants will receive an email confirming receipt of each document type within one business day. **Materials must be received on or before Friday, March 15, 2019 at 4:30 p.m.**

* Application should be emailed as one Word document to [FY20\_21grant@sp.courts.state.mn.us](mailto:FY20_21grant@sp.courts.state.mn.us) with the word **application** in the subject line\* of the email. Please include the name of your Organization in the document name when you save your final version for emailing.
* Appendix should be emailed as one pdf document to [FY20\_21grant@sp.courts.state.mn.us](mailto:FY20_21grant@sp.courts.state.mn.us) with the word **audit** in the subject line\* of the email. Please include the name of your Organization in the document name when you save your final version for emailing.

\* The subject line for each of these emails should match the attachment: either “application” or “audit.” See screen shot below with subject line highlighted. This one word subject line is how the respective documents will go in to the correct file in LSAC’s internal SharePoint site.



# A. Organizational Capacity Information *(all applicants fill out section A questions)*

A1. Organizational Overview. Please describe your Organization and its major services and activities.

A2. Board of Directors. Provide a list with the name and affiliation of each member of the Organization’s Board of Directors and indicate the required attorney member(s) and eligible client(s) on the Board. An eligible client is a person who could meet the LSAC income guidelines of 200% of the federal poverty guidelines at the time of Board appointment. Eligible client participation on an advisory committee is not sufficient to meet this statutory requirement. What do you prioritize when recruiting Board members? How do new Board members receive orientation information about good governance principles and the work of your Organization?

A3. Board Activities. Provide an overview of the work of your Board of Directors, including how often the Board meets and any committee structures. How does the Board support the mission of your Organization? Include how the Board receives information from staff about programs and the process for evaluating the Executive Director.

A4. Budget Setting. Describe the process for setting your annual budget. How is your budget connected to your overall program plan?

A5. Evaluation. Describe the processes you have in place to ensure and evaluate the quality, effectiveness, and/or outcomes of your Program. Provide at least one example of a change that was instituted as a result of this evaluation.

A6. Growing, Sustaining or Reorganizing? Would you describe your Organization as growing, sustaining or reorganizing? Describe your Organization’s ability to anticipate challenges and any examples of your capacity to adapt. Provide information about any new ideas or efficiencies that have been implemented in the last two years or are under discussion to improve your Program.

A7. Funding. Please complete the following table describing all Program funding sources to which applications have been submitted and/or funding has been received in the past year, adding or deleting rows as necessary. This table will not count against the seven-page limit for this section.

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source | Amount Requested | Amount Granted  (enter $0 if request was denied or N/A if pending) | Grant Term (if applicable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# B. General Operating Grant for Staff Services Proposal *(delete section B questions if not applying for this type of grant)*

B1. Region. Which region(s) does this Proposal cover (see region description in LSAC Cover Memo)? If your Proposal covers a portion rather than a full region, please list the specific communities, counties or Indian reservations within the region to be served.

B2. Range of Service. Describe the range of client service that will be provided by staff if this Proposal is funded. How does your Program decide how to prioritize between advice, brief service, and extended representation? Is there coordination with PAI Programs in your region on how to best coordinate the range of services? If your Program undertakes impact litigation, including class action cases, as part of the extended representation cases please describe that work as well. All Legal Representation case statistics and outcome measures should be provided in the 2018 Case Closed Data tables at the end of this document.

Does your Program provide Other Eligible Services (see Application Definitions)? If not, why not? If so, how do you decide how to allocate resources between Legal Representation and Other Eligible Services? Please provide any available statistics in the applicable sections below, including the counties in which you have provided the services, relevant statistics (e.g., number of people attending trainings or community legal education presentations, number of times a fact sheet was downloaded, etc.) and major accomplishments.

1. Community Legal Education:
2. Legislative and Administrative Rulemaking Advocacy:
3. Other *(describe)*:

B3. Client Needs Assessment. Does your Program undertake a formal client needs assessment and/or strategic planning process to inform your case priorities? If so, how often? If you have had a change in client service in the last two years due to a client needs assessment, strategic plan, or for another reason, please describe the change that was made and why.

B4. Base Level. The Minnesota Supreme Court has charged LSAC with funding “projects to ensure a base level of access to civil legal services in all Minnesota counties.” Please describe how the services provided in this Proposal contribute to the provision of a base level of civil legal services in the region(s) to be served. How will your Program work to reach underserved areas or populations? Is the type of service to be provided available in all regions? If not, why should LSAC fund services that are available only in a limited geographic area?

B5. Collaboration. How does your Program collaborate with other providers (both civil legal aid and other social services) in the region(s) to be served? If the region to be served includes a staffed law library or court self-help center, please describe any plan for how your Program will coordinate with their services. List the organization, contact name and email address of two persons collaborating with your Program. These persons should be able to speak to the quality of and the need for your services.

# C. General Operating Grant for PAI Services Proposal *(delete section C questions if not applying for this type of grant)*

C1. Region. Which region(s) does your Proposal cover (see region description in LSAC Cover Memo)? If your Proposal covers a portion rather than a full region, please list the specific communities, counties or Indian reservations within the region to be served.

C2. Range of Service. Describe the range of client service that will be provided by private attorneys if this Proposal is funded. How does your Program decide how to prioritize between advice, brief service, and extended representation? Is there coordination with the Staff Programs in your region on how to best coordinate the range of services? If your Program undertakes impact litigation, including class action cases, as part of the extended representation cases please describe that work as well. All Legal Representation case statistics and outcome measures should be provided in the 2018 Case Closed Data tables at the end of this document.

Does your Program provide Other Eligible Services (see Application Definitions)? If not, why not? If so, how do you decide how to allocate resources between Legal Representation and Other Eligible Services? Please provide any available statistics in the applicable sections below, including the counties in which you have provided the services, relevant statistics (e.g., number of people attending trainings or community legal education presentations, number of times a fact sheet was downloaded, etc.) and major accomplishments.

1. Community Legal Education:
2. Legislative and Administrative Rulemaking Advocacy:
3. Other *(describe)*:

C3. Client Needs Assessment. Does your Program undertake a formal client needs assessment and/or strategic planning process related to case priorities? If so, how often? If you have had a change in client service in the last two years due to a client needs assessment, strategic plan, or for another reason, please describe the change that was made and why.

C4. Base Level. The Minnesota Supreme Court has charged LSAC with funding “projects to ensure a base level of access to civil legal services in all Minnesota counties.” Please describe how the services provided in this Proposal contribute to the provision of a base level of civil legal services in the region(s) to be served. How will your Program work to reach underserved areas or populations? Is the type of service to be provided available in all regions? If not, why should LSAC fund services that are available only in a limited geographic area?

C5. Collaboration. How does your Program collaborate with other providers (both civil legal aid and other social services) in the region(s) to be served? If the region to be served includes a staffed law library or court self-help center, please describe any plan for how your Program will coordinate with their services. List the organization, contact name and email address of two persons collaborating with your Program. These persons should be able to speak to the quality of and the need for your services.

# D. Project Grant Proposal *(delete section D questions if not applying for this type of grant)*

D1. Project Description. Describe the project for which funding is requested, including the implementation plan and timeline. Please make sure to include enough detail for LSAC members to analyze whether the project should be a priority for funding.

D2. Integration with Civil Legal Aid System. Does this project support an integrated service delivery infrastructure? How does the proposed work interact with and benefit the statewide delivery system?

D3. Community Impact. What will be the community impact of this project? What is the anticipated geographic reach? Will the project reach a wide range of programs or client groups?

D4. Leverage. Describe how this project will leverage LSAC funds (e.g., increased pro bono, in-kind donations, etc.). Please list other tentative and confirmed funding sources for this project, including the name of other funders and amounts.

D5. Collaboration. Is your Program collaborating with other providers to ensure the project results in an effective and efficient use of funds?To what extent is your project duplicative of existing resources? List the organization, contact name, phone number and email address of two persons collaborating with your Program on this or other projects. These persons should be able to speak to the quality of and the need for the services your Program provides.

D6. Timeline. Please provide an estimated timeline for your project over this July 1, 2019 through June 30, 2021 grant cycle, including major project milestones. Describe a plan for continuing the project beyond the grant cycle or successfully concluding the project.

D7. Budget.Use the grant fiscal year (July 1 through June 30) to complete the columns on this form. This table will not count against the seven-page limit for this section.

| **Expenses** | | **Total Project Expenses** | | **LSAC Amount Requested** | |
| --- | --- | --- | --- | --- | --- |
| **2019-2020** | **2020-2021** | **2019-2020** | **2020-2021** |
|  | 2019  FTE |  |  |  |  |
| Attorney Wages |  |  |  |  |  |
| Paralegal/Support Staff Wages |  |  |  |  |  |
| Admin/Fundraising Staff Wages |  |  |  |  |  |
| Employee Benefits | |  |  |  |  |
| **TOTAL Personnel** | |  |  |  |  |
| Space (e.g., rent or ownership costs, utilities, maintenance, etc.) | |  |  |  |  |
| Communications | |  |  |  |  |
| Equipment Rental/Leasing | |  |  |  |  |
| Equipment Purchase | |  |  |  |  |
| Office Supplies | |  |  |  |  |
| Travel | |  |  |  |  |
| Professional Development & Training | |  |  |  |  |
| Audit | |  |  |  |  |
| Judicare Contracts | |  |  |  |  |
| Client Service Contracts (e.g., interpreters) | |  |  |  |  |
| Administrative Contracts (e.g., accounting) | |  |  |  |  |
| Technology Contracts (e.g., IT support, software licenses) | |  |  |  |  |
| Litigation | |  |  |  |  |
| Insurance | |  |  |  |  |
| Other *(specify)* | |  |  |  |  |
| **TOTAL Non-Personnel** | |  |  |  |  |
| **TOTAL EXPENSES**  *LSAC Amount Requested columns should match amount requested on Cover Sheet* | |  |  |  |  |

D8. Budget Modules. Please describe whether your proposal would have to be fully funded at the level requested in order to succeed or whether the proposal could be separated in to modules so that LSAC could fund a portion of the project and still have a positive impact on the community to be served. If funding based on distinct modules is a possibility for your proposal, describe each module and the amount of money required. This will provide a different view of your budget from the information provided in the table above, which details expenses for the proposal assuming full funding.

# E. Bank of America Project Grant Proposal *(delete section E questions if not applying for this type of grant)*

E1. Project Description. The Bank of America funding must be used to support community redevelopment legal assistance or foreclosure prevention legal assistance (see LSAC Cover Memo for more information). Provide an overview of your project, including the community or population benefitting, how clients will be referred to available legal assistance and any plan for evaluation.

E2. Leverage. Describe how this project will leverage the Bank of America funds (e.g., increased pro bono, in-kind donations, etc.). Please list other tentative and confirmed funding sources for this project, including the name of other funders and amounts.

E3. Collaboration. Is your Program collaborating with other providers to ensure the project results in an effective and efficient use of funds?To what extent is your project duplicative of existing resources? List the organization, contact name, phone number and email address of two persons collaborating with your Program on this or other projects. These persons should be able to speak to the quality of and the need for the services your Program provides.

E4. Timeline. Please provide an estimated timeline for your project over this July 1, 2019 through June 30, 2021 grant cycle, including major project milestones. Describe a plan for continuing the project beyond the term of the Bank of America funds or successfully concluding the project.

E5. Budget. Use the grant fiscal year (July 1 through June 30) to complete the columns on this form. This table will not count against the seven-page limit for this section.

| **Expenses** | | **Total Project Expenses** | | **LSAC Amount Requested** | |
| --- | --- | --- | --- | --- | --- |
| **2019** | **2020** | **2019** | **2020** |
|  | 2019  FTE |  |  |  |  |
| Attorney Wages |  |  |  |  |  |
| Paralegal/Support Staff Wages |  |  |  |  |  |
| Admin/Fundraising Staff Wages |  |  |  |  |  |
| Employee Benefits | |  |  |  |  |
| **TOTAL Personnel** | |  |  |  |  |
| Space (e.g., rent or ownership costs, utilities, maintenance, etc.) | |  |  |  |  |
| Communications | |  |  |  |  |
| Equipment Rental/Leasing | |  |  |  |  |
| Equipment Purchase | |  |  |  |  |
| Office Supplies | |  |  |  |  |
| Travel | |  |  |  |  |
| Professional Development & Training | |  |  |  |  |
| Audit | |  |  |  |  |
| Judicare Contracts | |  |  |  |  |
| Client Service Contracts (e.g., interpreters) | |  |  |  |  |
| Administrative Contracts (e.g., accounting) | |  |  |  |  |
| Technology Contracts (e.g., IT support, software licenses) | |  |  |  |  |
| Litigation | |  |  |  |  |
| Insurance | |  |  |  |  |
| Other *(specify)* | |  |  |  |  |
| **TOTAL Non-Personnel** | |  |  |  |  |
| **TOTAL EXPENSES**  *LSAC Amount Requested columns should match amount requested on Cover Sheet* | |  |  |  |  |

E6. Budget Modules. Please describe whether your proposal would have to be fully funded at the level requested in order to succeed or whether the proposal could be separated in to modules so that LSAC could fund a portion of the project and still have a positive impact on the community to be served. If funding based on distinct modules is a possibility for your proposal, describe each module and the amount of money required. This will provide a different view of your budget from the table above, which details expenses for the proposal assuming full funding.

# LSAC Civil Legal Aid System Survey

*In addition to grant making, LSAC is charged by the Minnesota Supreme Court with civil legal aid system planning. This section of the application is not scored for funding purposes, but is necessary for understanding the overall picture of civil legal aid delivery in Minnesota. Please answer all questions (including the applicable fiscal information tables below) on behalf of your Program. If the questions do not pertain to your Organization please note that as your answer.*

FTEs. Complete the following table for each office location, adding and deleting rows as necessary:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office Location** | **FTE\* Program Attorneys** | **FTE\* Program Support Staff and Paralegals** | **FTE\* Administrative, Fundraising, etc.** | **TOTAL FTE\*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL BY STAFF TYPE** |  |  |  |  |

\*Full-time equivalent (FTE) should be calculated on a 40-hour work week. For example, if you have an executive director who spends an average of 20 hours per week (.5 FTE) on management and fundraising and 20 hours per week (.5 FTE) on program services, you should allocate those FTEs accordingly in the categories above.

Client Eligibility Guidelines. Describe the financial guidelines you use for determining who receives service from your Program. Note that for LSAC funding “eligible client” is defined as having household income at or below 200% of the federal poverty guidelines.

Client Intake Process. Is your Program participating in the Legal Organization Online Network (LOON) organized by Legal Services State Support for sharing case priorities across the civil legal aid delivery system? If so, describe the process your Program is using to ensure data quality. If not, please describe your case priorities when deciding what cases to take.

Case Management System. What case management system does your Program currently use? If your Program has discussed changing case management systems, what are you considering and what is your timeframe?

Online Resources. How does your Program use lawhelpmn.org, projusticemn.org and mnlegaladvice.org? Detail both how potential clients would be referred to an appropriate online resource and how your staff uses these resources.

Staff Retention. LSAC is concerned about increasing turnover in our grantee Organizations. What is your Organization doing to promote staff retention? Do you plan to change your salary and/or benefits structure in the next two years?

## Revenue for Legal Program

*When does your fiscal year begin and end?*

*Use the end date of your fiscal year to complete the columns on this form. Do not list in-kind donations or value of volunteer hours as revenue in this chart. If your Organization provides services other than legal, please include only fiscal information related to your civil legal aid Program eligible for LSAC funding.*

| **Revenue Source** | **Actual Revenue for 2018** | **Budgeted Revenue for 2019** | **Anticipated Revenue for 2020** | **Anticipated Revenue for 2021** |
| --- | --- | --- | --- | --- |
| Foundations; Corporations |  |  |  |  |
| United Way |  |  |  |  |
| Individuals; Firms; Events |  |  |  |  |
| LSAC |  |  |  |  |
| Other State Government |  |  |  |  |
| County Government |  |  |  |  |
| Other Local Government |  |  |  |  |
| Legal Services Corporation (LSC) |  |  |  |  |
| Older Americans |  |  |  |  |
| Violence Against Women Act (VAWA) |  |  |  |  |
| Other Federal Government |  |  |  |  |
| Attorney Fees |  |  |  |  |
| Client Fees; Admin Fees |  |  |  |  |
| Other *(specify)* |  |  |  |  |
|  |  |  |  |  |
| **TOTAL REVENUE** |  |  |  |  |

## Staff Expense Reporting for Legal Program

*Complete this section only if your program provides staff attorney legal services. Use the end date of your fiscal year to complete the columns on this form.*

| **Expenses** | | **Actual Expenses for 2018** | **Budgeted Expenses for 2019** | **Anticipated Expenses for 2020** | **Anticipated Expenses for 2021** |
| --- | --- | --- | --- | --- | --- |
|  | 2019 FTE |  |  |  |  |
| Attorney Wages |  |  |  |  |  |
| Paralegal/Support Staff Wages |  |  |  |  |  |
| Admin/Fundraising Staff Wages |  |  |  |  |  |
| Employee Benefits | |  |  |  |  |
| **TOTAL Personnel** | |  |  |  |  |
| Space (e.g., rent or ownership costs, utilities, maintenance, etc.) | |  |  |  |  |
| Communications | |  |  |  |  |
| Equipment Rental/Leasing | |  |  |  |  |
| Equipment Purchase | |  |  |  |  |
| Office Supplies | |  |  |  |  |
| Travel | |  |  |  |  |
| Professional Development & Training | |  |  |  |  |
| Audit | |  |  |  |  |
| Client Service Contracts (e.g., interpreters) | |  |  |  |  |
| Administrative Contracts (e.g., accounting) | |  |  |  |  |
| Technology Contracts (e.g., IT support, software licenses) | |  |  |  |  |
| Litigation | |  |  |  |  |
| Insurance | |  |  |  |  |
| Other *(specify)* | |  |  |  |  |
| **TOTAL Non-Personnel** | |  |  |  |  |
| **TOTAL EXPENSES** | |  |  |  |  |

For Staff Representation: \_\_% of Expenses for Civil Representation  
\_\_% of Expenses for Criminal Representation

## PAI Expense Reporting for Legal Program

*Complete this section only if your program provides pro bono or judicare services. Be sure to include all the costs associated with the PAI program. Use the end date of your fiscal year to complete the columns on this form.*

| **Expenses** | | **Actual Expenses for 2018** | **Budgeted Expenses for 2019** | **Anticipated Expenses for 2020** | **Anticipated Expenses for 2021** |
| --- | --- | --- | --- | --- | --- |
|  | 2019FTE |  |  |  |  |
| Attorney Wages |  |  |  |  |  |
| Paralegal/Support Staff Wages |  |  |  |  |  |
| Admin/Fundraising Staff Wages |  |  |  |  |  |
| Employee Benefits | |  |  |  |  |
| **TOTAL Personnel** | |  |  |  |  |
| Space (e.g., rent or ownership costs, utilities, maintenance, etc.) | |  |  |  |  |
| Communications | |  |  |  |  |
| Equipment Rental/Leasing | |  |  |  |  |
| Equipment Purchase | |  |  |  |  |
| Office Supplies | |  |  |  |  |
| Travel | |  |  |  |  |
| Professional Development & Training | |  |  |  |  |
| Audit | |  |  |  |  |
| Judicare Contracts | |  |  |  |  |
| Client Service Contracts (e.g., interpreters) | |  |  |  |  |
| Administrative Contracts (e.g., accounting) | |  |  |  |  |
| Technology Contracts (e.g., IT support, software licenses) | |  |  |  |  |
| Litigation | |  |  |  |  |
| Insurance | |  |  |  |  |
| Other *(specify)* | |  |  |  |  |
| **TOTAL Non-Personnel** | |  |  |  |  |
| **TOTAL EXPENSES** | |  |  |  |  |

For Pro Bono and Judicare Representation: \_\_% of Expenses for Civil Representation  
\_\_% of Expenses for Criminal Representation

## Other Expense Reporting for Support Programs or ADR Programs

*This table is designed for reporting expenses for LSAC eligible programs that do not provide Staff or PAI Legal Representation. Use the end date of your fiscal year to complete the columns on this form.*

| **Expenses** | | **Actual Expenses for 2018** | **Budgeted Expenses for 2019** | **Anticipated Expenses for 2020** | **Anticipated Expenses for 2021** |
| --- | --- | --- | --- | --- | --- |
|  | 2019 FTE |  |  |  |  |
| Attorney Wages |  |  |  |  |  |
| Paralegal/Support Staff Wages |  |  |  |  |  |
| Admin/Fundraising Staff Wages |  |  |  |  |  |
| Employee Benefits | |  |  |  |  |
| **TOTAL Personnel** | |  |  |  |  |
| Space (e.g., rent or ownership costs, utilities, maintenance, etc.) | |  |  |  |  |
| Communications | |  |  |  |  |
| Equipment Rental/Leasing | |  |  |  |  |
| Equipment Purchase | |  |  |  |  |
| Office Supplies | |  |  |  |  |
| Travel | |  |  |  |  |
| Professional Development & Training | |  |  |  |  |
| Audit | |  |  |  |  |
| Client Service Contracts (e.g., interpreters) | |  |  |  |  |
| Administrative Contracts (e.g., accounting) | |  |  |  |  |
| Technology Contracts (e.g., IT support, software licenses) | |  |  |  |  |
| Litigation | |  |  |  |  |
| Insurance | |  |  |  |  |
| Other *(specify)* | |  |  |  |  |
| **TOTAL Non-Personnel** | |  |  |  |  |
| **TOTAL EXPENSES** | |  |  |  |  |

# 2018 Case Closed Data

## Instructions for Case Closed Data Tables

LSAC tracks information about civil legal aid cases closed to be able to provide a comprehensive picture of civil legal aid delivery in Minnesota. Please provide the data requested on all cases closed by your Organization in calendar year 2018 regardless of funding source. The [Case Closed Data Handbook](http://www.mncourts.gov/mncourtsgov/media/scao_library/documents/Data_Handbook_2019.pdf) includes definitions for all the terms used in the tables. Please review the handbook as you proceed through each section.

This is our first year using a new data collection structure (Word tables rather than Excel), but the fields are basically the same as in past years. The first three sections are separated by who is providing the Legal Representation (staff, pro bono volunteers and judicare). You can use the Navigation Pane feature of Word to jump to the tables that apply to your Organization. All Organizations should complete the Demographic Data table for all clients regardless of service delivery model. Organizations providing extended representation should complete the Outcome Measures table.

If you are asked for data your Organization does not track, please leave it blank and send an email to [bridget.gernander@courts.state.mn.us](mailto:bridget.gernander@courts.state.mn.us) with a note about the data that is missing.

Important notes about the new Word table structure:

* ***When entering the data it is very important that you do not delete or change the format of the tables in any way.*** If more rows are needed in any of the tables for entering data, you will need to click on the  symbol to add additional rows. This  appears when you have your cursor in the table. Do not attempt to delete any rows that may not have any data in them.
* There is a “Totals” row at the bottom of most of the tables. These tables do not have the functionality to automatically total as you enter case information. To calculate the total of a column after you have entered your data, press F9 in each cell you want to total.

LSAC staff are happy to help with any questions or concerns you have about these new tables. If you have any questions about how to enter the data or suggestions for improvements, please contact [susan.beaudet@courts.state.mn.us](mailto:susan.beaudet@courts.state.mn.us).

## Civil Cases Closed by Staff Attorneys and Advocates

|  |  |
| --- | --- |
| Number of Attorneys Representing Clients (FTE) | Click here to enter text. |
| Number of Non-Lawyer Advocates Representing Clients (FTE) | Click here to enter text. |
| Total Attorneys / Advocates (FTE) | Click here to enter text. |
| Percentage of Staff Cases with Clients at or Below 200% of Poverty | Click here to enter text. |

**Case Data Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Service Type | | | Case Type | | | | | | | | | | |
| **County** | Advice Only | Brief Service | Extended Representation | Bankruptcy; Consumer | Community Economic Development | Criminal Expungement | Employment | Family Law; Domestic Abuse | Government Benefits | Housing | Immigration; Refugee | Incapacity Planning | Juvenile; Education | Other \* |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

\* **Please give example of the cases listed in the other group.**

Click here to enter text.

## Civil Cases Closed by Volunteer Attorneys

|  |  |
| --- | --- |
| Number of Attorneys Representing Clients | Click here to enter text. |
| Number of Non-Lawyer Advocates Representing Clients | Click here to enter text. |
| Total Attorneys / Advocates Representing Clients | Click here to enter text. |
| Number of Attorneys on the Panel | Click here to enter text. |
| Percentage of Volunteer cases with Clients at or Below 200% of Poverty | Click here to enter text. |

**Case Data Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Service Type | | | Case Type | | | | | | | | | | |
| **County** | Advice Only | Brief Service | Extended Representation | Bankruptcy; Consumer | Community Economic Development | Criminal Expungement | Employment | Family Law; Domestic Abuse | Government Benefits | Housing | Immigration; Refugee | Incapacity Planning | Juvenile; Education | Other \* |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

\* **Please give example of the cases listed in the other group.**

Click here to enter text.

## Civil Cases Closed by Judicare or Contract Attorneys

|  |  |
| --- | --- |
| Number of Judicare or Contract Attorneys Representing Clients | Click here to enter text. |
| Percentage of Judicare Cases with Clients at or Below 200% of Poverty | Click here to enter text. |

**Case Data Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Service Type | | | Case Type | | | | | | | | | | |
| **County** | Advice Only | Brief Service | Extended Representation | Bankruptcy; Consumer | Community Economic Development | Criminal Expungement | Employment | Family Law; Domestic Abuse | Government Benefits | Housing | Immigration; Refugee | Incapacity Planning | Juvenile; Education | Other \* |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Type or Select County. | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

\* **Please give example of the cases listed in the other group.**

Click here to enter text.

## Outcome Measures for Extended Representation Cases

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualitative Statements** – Because of my legal representation, my client - | Number of Yes Responses | Number of No Responses | Number of N/A Responses |
| Is able to pay for daily necessities | Enter Total | Enter Total | Enter Total |
| Is less likely to be harassed by creditors | Enter Total | Enter Total | Enter Total |
| Is in a better position to keep or find a job | Enter Total | Enter Total | Enter Total |
| Is in a better position to keep or find housing | Enter Total | Enter Total | Enter Total |
| Has improved housing conditions | Enter Total | Enter Total | Enter Total |
| Is physically safer (including OFP or safety plan) | Enter Total | Enter Total | Enter Total |
| Has improved quality of life | Enter Total | Enter Total | Enter Total |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding** | Number of Yes Responses | Total Federal $ for the year | Total State $ for the year | Total Child Support $ for the year | Total Other $ for the year |
| Did your legal services protect money/benefits for the client? | Enter Total | Enter Total $ | Enter Total $ | Enter Total $ | Enter Total $ |
| Did your legal services recover money/benefits for the client? | Enter Total | Enter Total $ | Enter Total $ | Enter Total $ | Enter Total $ |

## Demographic Data for Civil Case Clients

|  |  |
| --- | --- |
| Total Number of People in Households Served | Click here to enter number. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Race/Ethnicity** | **Total R/E** |  | **Gender** | **Total Gender** |  | **Other** | **Total Other** |
| White | Enter Total | Men | Enter Total | Under 18 | Enter Total |
| Black | Enter Total | Women | Enter Total | Ages 18 – 59 | Enter Total |
| Hispanic | Enter Total | Other | Enter Total | Age 60 and over | Enter Total |
| Native American | Enter Total | Not Reported | Enter Total | Age Not Reported | Enter Total |
| Asian | Enter Total |  |  | Limited English Proficiency | Enter Total |
| Other | Enter Total |  |  | With Disabilities | Enter Total |
| Not Reported | Enter Total |  |  |  |  |