



# Application for Grant Funding by State Appropriation Parent Education and Mediation Fund T.C.A. §36-6-413

## Summary of Grant

The Tennessee legislation provides funding to be distributed by the administrative office of the courts "for the specific purpose of funding the parenting plan requirements pursuant to this part, through the divorcing parent education and mediation fund, which funding includes the costs of court-ordered mediation, parenting education programs and any related services to resolve family conflict in divorce, post-divorce, and other child custody matters." T.C.A. §36-6-413.

## Types of Approved Initiatives for Grant Funding

The AOC has grant funds available for the development or continuation of initiatives that will provides these services to low income individuals. These initiatives may include but are not limited to:

- ◆ Recruitment of pro bono attorneys for limited or full scope representation of parents involved in visitation/custody actions before the court;
- ◆ Conducting legal clinics for parents who are self-represented regarding the parenting plan process and description of court process, including referral to pro bono or reduced fee attorney with the goal of obtaining a final court order;
- ◆ Interpreters for no cost or reduced fee mediations;
- ◆ Education of the community such as lawyers, mediators, and parents regarding the parenting plan process;
- ◆ Education costs for the training of Rule 31 bilingual mediators;
- ◆ Related services to resolve family conflict in divorce, post-divorce, and other custody matters; and/or
- ◆ Seed money to establish a program that includes some or any of the services listed above.

## Requirements for Funding

- Completed application submitted as PDF file via email to [grants@tncourts.gov](mailto:grants@tncourts.gov) by **April 26, 2024**;
- FY 2024-2025 Completed Financial Budget Form (Attached);
- List of the members of your board of directors/ governing entity, and each member's profession;
- Applications must be signed by the presiding judge of the trial, general sessions, AND/OR juvenile court in the district in which the litigants will be assisted by the initiative;
- Submission of letters of support from the judge(s) presiding over the court(s) in which the litigants will be assisted by the initiative; and,
- If your organization is incorporated, attach: a) copy of corporation charter, and b) copy of IRS exemption letter.

## Eligibility of Applicants

- ◆ Applicants **may** be an individual, group, non-profit, government agency, or corporation seeking funding for initiatives that support divorcing parents and their children;
- ◆ Applicants **may** be seeking funding for ongoing initiatives or for establishing initiatives, and;
- ◆ Applicants **must** be servicing communities within the state of Tennessee.

# Part 1 | Applicant Information

[Note: If any item in the application is not applicable, please note as such and explain.]

**Applicant Name:** \_\_\_\_\_

Individual                       Corporation                       Other  
 Non-profit Corporation       Government Agency      Explain: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Executive Director** (if applicable):

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Program Administrator and Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Presiding Judge:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Judge's Email: \_\_\_\_\_

**Application Filled by**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Part 2 | Program Information

[Note: If any item in the application is not applicable, please note as such and explain.]

### Types of PEMF Services Provided: (Select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Pro-Bono Attorney Recruitment        | <input type="checkbox"/> Mediation                  |
| <input type="checkbox"/> Conducting legal clinics for parents | <input type="checkbox"/> Developing Parenting Plans |
| <input type="checkbox"/> Parent Education                     | <input type="checkbox"/> Supervised Visitation      |
| <input type="checkbox"/> Community Education                  | <input type="checkbox"/> Other                      |
- Explain: \_\_\_\_\_

### Previous Grant Year Statistics: (fill N/A if new applicant)

Number of Parents Served: \_\_\_\_\_ Number of Children Served: \_\_\_\_\_

<u>County Served</u>	<u>Number Served</u>	<u>Judicial District</u>	<u>Agency/Court Served</u>

Did you collaborate with other organizations:  Yes  No

### Upcoming Grant Year Projection:

Expected number of parents served: \_\_\_\_\_ Expected number of Children Served: \_\_\_\_\_

<u>County Served</u>	<u>Number Expected to be Served</u>	<u>Judicial District</u>	<u>Agency/Court Served</u>

Are there plans to collaborate with other organizations?  Yes  No

Are there other organizations that provide similar services in your area?  Yes  No

Does your organization have access to language interpreters to participate in the services being provided?  Yes  No

## Part 2 | Program Information (Cont.)

[Note: If any item in the application is not applicable, please note as such and explain.]

### Program Staff:

How many staff members work on PEMF initiatives? (Including support staff) \_\_\_\_\_

List the related qualifications that your staff possesses:

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### Budget Statistics:

Previous 2023-2024 PEMF Grant Funding: \_\_\_\_\_

Requested 2024-2025 PEMF Grant Funding: \_\_\_\_\_

Total 2024-2025 Organizational Budget for PEMF Services: \_\_\_\_\_

### Other Sources of Funding for PEMF Services: (Select all that apply)

Other Grants

Donations

Other

Paid Services

Fundraising

Explain: \_\_\_\_\_

## Part 3 | Narrative Information

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1. Briefly describe your organization's mission. (3-5 sentences)
2. Please describe how your organization will be providing all of the services listed previously in the application. (See "Types of PEMF Services Provided" for list of possible services)
3. Describe how the proposed activities will further the goals of the Parent Education and Mediation Fund program. Specifically how proposed funding of initiative will address the needs of parents and children with focus on services to help them resolve any or all issues concerning parenting and education in child support cases or cases involving child support issues.
4. If developing or expanding your program, describe the goals, planned activities, and a timetable for completion of the initiative(s).
5. Describe existing or projected community involvement and support for the program/project.



# Attachment 1 | FY 2024-2025 Financial Budget Form

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[For services rendered between July 1, 2023 – June 30, 2024]

The PEMF Grantee Budget is broken down into two simple line items. A description of the line items can be found below. If there are any questions please contact [grants@tncourts.gov](mailto:grants@tncourts.gov).

## **FY 2024-2025 Budget**

**Total Amount Requested:** \_\_\_\_\_

Payroll Expenditures: \_\_\_\_\_

Operational Expenditures: \_\_\_\_\_

### **Payroll Expenditures Description:**

Employee salaries and benefits, including overtime and insurance.

### **Operational Expenditures Description:**

Everything else that is not employee salaries and benefits - Grantee contract staff payments, travel, Office/Training Space, Utilities, Equipment, Office Supplies, Trainings, Insurance, Professional Dues/Fees, Marketing, Materials, etc.)