

ACCESS AND VISITATION GRANT
October 1, 2013 through September 30, 2014 APPLICATION

Contact Information:

Applicant:

Street Address (City, County, State, Zip):

Email, telephone, fax:

Narrative:

(Please answer the following questions. If you think a question is clearly not applicable to your application, indicate so by writing N/A.)

1. Describe your organization, its history and purpose.
2. Describe the goals, planned activities, and a timetable for completion of the proposal.
3. Describe how the proposed activities will further the goals of the Access and Visitation program – specifically address how this program will increase access and visitation to children by non-custodial parents
4. If this is an on-going project or program, describe the timetable for becoming financially self-sufficient? Specifically list any other grants or funding for which you have applied.
5. Describe the geographical area to be served, the number of people to be assisted. List the source of this information.
6. Describe existing or projected community involvement, collaboration with other community organizations and community support for the program/project.
7. Identify other organizations or projects within the geographical service area that provide the same or similar service. Describe any collaboration with the organizations listed.
8. Describe your efforts to obtain other funding for these proposed activities.

9. Describe the potential impact to those you propose to serve if these grant funds are not made available.
10. Are you exempt from income taxation? If not, describe your charitable, educational, or similarly related purpose.
11. Briefly describe any additional information that you think we should have.

Attachments:

1. One letter of support from each judge your project / program will be working with.
2. Financial Budget Form.
3. List the members of your board of directors / governing entity and the member's profession.
4. If your organization is incorporated, attach if applicable:
 - a) copy of corporation charter
 - b) copy of IRS exemption letter.
5. Title VI Survey and Statement of Assurances (Attached)

***The AOC must receive this application on or before
Friday, September 13, 2013***

Any questions should be addressed to the following:

Claudia M. Lewis
Administrative Office of the Courts
511 Union St., Suite 600
Nashville, TN 37219
(615)741-2687
Fax: (615) 741-6285
claudia.lewis@tncourts.gov

Access and Visitation Grant Financial Budget Form

Name of Applicant _____

Please provide your projected program / project budget for October 1, 2013 – September 30, 2014 as an attachment to your grant application.

Personnel Costs

Category	Grant Funds Requested	Amount from Other Funding Sources	Total Budget
Professional Staff (No. ____)			
Support Staff (No. ____)			
Other Staff			
Employee Benefits			

Total Personnel Costs: _____

*For all personnel costs please attach a detailed description of the personnel and their roles.

Non-Personnel Costs

Category	Grant Funds Requested	Amount from Other Funding Sources	Total Budget
Space			
Utilities			
Equipment			
Office Supplies			
Telephone			
Program Travel			
Training			
Insurance			
Dues/Fees			
Other – itemize on separate sheet			

Total Non-Personnel Costs: _____

Total Program Budget: _____