STATE JUSTICE INSTITUTE APPLICATION

	2. TYPE OF APPLICANT (Check appropriate box)			
-		te Court	☐ Other non-profit organization or	
a. Applicant Name		tional organization operating in	agency	
		nction with State court	□ Individual	
b. Organization Unit		tional State court support	□ Corporation or partnership	
		nization	□ Other Unit of government	
d City		llege or university	□ Other	
d. City e. State f. Zip Code	□ C0.	nege of university		
g Phone Number			(specify)	
g. Phone Number				
i. Web Site Address	3. PR	S. PROPOSED START DATE		
j. Name & Phone Number of Contact Person				
j. Ivanic & I none ivanioei of contact i cison				
k. Title				
	4 DD	OJECT DUDATION (Mantha)		
1. L-Mail Address	4. PROJECT DURATION (Months)			
	6 IF	THIS APPLICATION HAS RE	EEN SUBMITTED TO OTHER	
	FUNDING SOURCES, PLEASE PROVIDE THE FOLLOWING INFORMATION:			
5. APPLICANT FINANCIAL CONTACT				
o Annicont Nomo				
	Source Date Schwidted			
b. Organization Unit	Date Submitted			
a Streat/D O Day	Amount Sought			
d. City	Disposition (if any) or Current Status			
d. City e. State f. Zip Code				
h. Fax Number	7. a. AMOUNT REQUESTED FRON SJI \$			
i. Web Site Address	b. AMOUNT OF MATCH			
j. Name & Phone Number of Contact Person				
j. Ivanic & I none ivanioer of contact i cison	(Cash match \$		
k. Title]	Non-cash Match \$		
l. E-Mail Address	c. ′	FOTAL MATCH	\$	
I. E-Mail Addless	d.	OTHER CASH	\$	
	e. '	FOTAL PROJECT COST	\$	
O TITLE OF BRODOGED BROJECT				
8. TITLE OF PROPOSED PROJECT				
9. CONGRESSIONAL DISTRICT OF:				
Name of Representative; District Number		Project (if different than applicant): Name of	Representative; District Number	
10. CERTIFICATION				
On behalf of the applicant, I hereby certify that to the best of knowledge	ge the	information in this application	is true and complete. I have read	
the attached assurances (Form D) and understand that if this application is approved for funding, the award will be subject to those assurances. I				
certify that the applicant will comply with the assurances if the application is approved, and that I am lawfully authorized to make these				
representations on the behalf of the applicant.				
SIGNATURE OF RESPONSIBLE OFFICIAL OF APPLICANT TITLE DATE				
(For applications from State and local courts, Form B, Certificate of State Approval, must be attached)				
FOR INSTITUTE USE ONLY				
11. a. APPLICATION NUMBER		12. DATE RECEIVED	13. DATE OF ACTION	
b. CONCEPT PAPER NUMBER				
c. GRANT MUNBER				