

# Immigrant Legal Aid Clinic Project Grant Application

---

## 1. Organization Details

Organization Name

Contact Person

Email

Phone

Organization Address

Organization Mission Statement

## 2. Project Overview

Project Title

Project Summary

Statement of Need

Project Goals & Objectives

Key Activities / Services Provided

Expected Outcomes

3. Target Population

Describe the target population

Geographical Area Served

Number of Clients to be Served

4. Timeline

Project Timeline / Key Milestones

5. Budget

Budget Overview

Amount of Funding Requested

Other Sources of Funding (if any)

**6. Organization Capacity**

Describe your organization's experience providing legal services to immigrants

Key Staff & Roles

Key Partners / Collaborators

**7. Evaluation**

How will success be measured?

**8. Additional Relevant Information**