

APPLICATION COVER PAGE

I. APPLICANT INFORMATION:

Organization name: _____
Project Name: _____
Mailing address: _____
Telephone number: _____ Fax number: _____
Federal EID # _____
State Gross Receipts Tax #: _____
Will project(s) be carried out by: _____ Organization itself _____ In-house legal department
If department, name of department _____
Does Organization have 501(c)(3) status from the IRS? _____ Yes _____ Applied for _____ No

II. SERVICES:

A. Kind of Project: _____ On-going; _____ New Project; _____ will be carried out by applicant only; _____ is a joint effort by applicant (that will be grant recipient) and the following other eligible organization(s) (list):

B. Summary of Project Narrative:

C. Has grant funding ever been discontinued for nonperformance?

If so, please explain the circumstance in your project narrative.

Total project budget : \$ _____ Amount requested this application: \$ _____

III. CONTACT PERSON (Person who can answer any questions about this project):

Name: _____
Title: _____
Telephone: _____
Email: _____

State Bar of New Mexico Access to Justice Fund
Grant Commission 2026-2027 Grant Cycle Application
CERTIFICATIONS AND SIGNATURE PAGE

Organization name: _____

IV. REQUIRED DOCUMENTS

Place a check to the right of each statement to indicate your organization has the required document(s) A., B., and C. attached to the project application and document(s) D., E., and F. in its files at the time the proposal is submitted. If a joint application, the check indicates that each organization participating in this project has the required document(s) A. B., and C. attached to the project application and documents D., E., and F. for each organization participating in this project in its files at the time this proposal is submitted. The State Bar ATJ Fund Grant Commission may request copies of documents D., E., and F. during its review of your application.

DOCUMENTS REQUIRED TO BE SUBMITTED WITH APPLICATION:

A. Current or most recent audited financial statements for your organization and any organization participating in this project and any associated audit management letter. If your organization and/or participating organization is not audited, unaudited financial statements for the most recent fiscal year after all year-end adjustments have been made. _____

B. For each attorney working on each project: Name; date graduated from law school; brief summary of experience; and either NM Bar Number or date that bar exam was, or will be, taken. _____

C. At least three letters of reference from organizations that have worked with applicant or know applicant's work. Letters from persons served by the organization may also be used as a reference. _____

DOCUMENTS REQUIRED TO BE IN EACH ORGANIZATION'S FILES:

D. Copy of IRS letter granting 501(c)(3) status to Applicant or letter from IRS acknowledging receipt of application for 501(c)(3) status. _____

E. Copy of document generated from the NM Attorney General's COROS website or copy of a current charitable registration document generated from the Attorney General's Office website of the state in which the organization is located. _____

F. Copy of document from the NM Secretary of State's Corporate Registration website or copy of a current corporate registration from the Secretary of State in which the organization is located. _____

V. CERTIFICATIONS AND SIGNATURE

By Signing Below, I Hereby Certify:

- A. This application has been approved for submission by this organization's Board of Directors or its authorized representative(s) and I have been authorized to submit this application; OR IF A JOINT APPLICATION, I have written authorization from the Boards of Directors of each of the participating organizations to submit this application on their behalf.
- B. This organization understands that it is solely responsible for fulfillment of any contract resulting from this Request for Proposals, including performance by sub-contractor(s), if any.
- C. I understand that this application, once received by the State Bar, becomes the property of the State Bar.
- D. All information in this proposal is true and complete to the best of my knowledge

Signature:

E. Date:

Typed name:

Title:

Telephone:

Email:

ATJ Fund Grant Application - Project Budget Detail

Applicant Organization Name:

Project Name:

Budget Detail: Prepare your budget using this template or any other Excel file showing the same information. **Note:** The information shown is for illustration only. You do not have to fill in every category. Delete the illustrative information in the **WHITE CELLS** and then enter the correct amounts. **Do not delete or enter information in the colored cells. These cells contain formulas that will automatically calculate your totals. CHECK ALL CALCULATIONS and PAGE BREAKS!!**

Salaries and Wages, By Position	Number	Percent Time (100%=Full-Time)	Annual Full-time Salary or Wage	Sub-Total	This Application	Other Funds	Sub-total
Executive Director	1	5.0%	\$ 65,000	\$ 3,250	\$ 3,250	\$ -	\$ 3,250
Project Manager	1	15.0%	\$ 55,000	\$ 8,250		\$ 8,250	\$ 8,250
Attorney	1	100.0%	\$ 37,500	\$ 37,500	\$ 37,500		\$ 37,500
Paralegals/Community Workers	2	50.0%	\$ 30,000	\$ 30,000	\$ 15,000	\$ 15,000	\$ 30,000
Other Staff (list):							
Secretary	1	25%	\$ 27,000	\$ 6,750		\$ 6,750	\$ 6,750
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
Total Salaries and Wages				\$ 85,750	\$ 55,750	\$ 30,000	\$ 85,750
Percent Total					65%	35%	100%

Employer Provided Benefits	As Percent of Salaries	Total Salaries	Sub-total	This Application*	Other Funds	Sub-total
FICA	6.2%	\$ 85,750	\$ 5,317	\$ 3,457	\$ 1,860	\$ 5,317
Medicare	1.5%	\$ 85,750	\$ 1,286	\$ 836	\$ 450	\$ 1,286
Health Insurance		\$ 85,750	\$ -	\$ -	\$ -	\$ -
Retirement Plan		\$ 85,750	\$ -	\$ -	\$ -	\$ -
Other (list)						
		\$ 85,750	\$ -	\$ -	\$ -	\$ -
		\$ 85,750	\$ -	\$ -	\$ -	\$ -
		\$ 85,750	\$ -	\$ -	\$ -	\$ -
Total Employer Provided Benefits			\$ 6,603	\$ 4,293	\$ 2,310	\$ 6,603

* Calculated automatically based on percent of salary. If benefit costs are not allocated to the same sources as salaries, enter the amount allocated to "This Application" and spreadsheet will calculate "Other Funds".

ATJ Fund Grant Application - Project Budget Detail

Applicant Organization Name:

Project Name:

Justification for Salaries, Wages and Benefits: Provide a brief explanation of any costs that are higher than those typically found in NM legal services programs.

Space Costs (For This Project Only)	Per Month	Months	Sub-total	This Application	Other Funds	Sub-total
Rent or monthly mortgage payment	\$ 400.00	12	\$ 4,800		\$ 4,800	\$ 4,800
Utilities	\$ 350.00	12	\$ 4,200	\$ 2,200	\$ 2,000	\$ 4,200
Other Space Costs (list)						
Janitor	\$ 300.00	\$ 12	\$ 3,600	\$ -	\$ 3,600	\$ 3,600
			\$ -			\$ -
			\$ -			\$ -
			\$ 12,600	\$ 2,200	\$ 10,400	\$ 12,600

Travel In-State	Miles Per Month	Months	Cost/Mile	Sub-total	This Application	Other Funds	Sub-total
Attorney	200	12	\$ 0.51	\$ 1,224	\$ 306	\$ 918	\$ 1,224
Paralegals	300	12	\$ 0.51	\$ 1,836	\$ 1,000	\$ 836	\$ 1,836
Project Manager	100	12	\$ 0.51	\$ 612	\$ 612	\$ -	\$ 612
Executive Director	50	6	\$ 0.51	\$ 153	\$ -	\$ 153	\$ 153
Other Staff (list)							
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -

ATJ Fund Grant Application - Project Budget Detail

Applicant Organization Name:

Project Name:

\$ 3,825 \$ 1,918 \$ 1,907 \$ 3,825

Out-of-State Travel	Air-fare	Hotel	Food and Other	Sub-total	This Application	Other Funds	Sub-total
ABA Access to Justice Conference	\$ 425	\$ 375	\$ 225	\$ 1,025	\$ -	\$ 1,025	\$ 1,025
				\$ -			\$ -
				\$ -			\$ -
				\$ 1,025	\$ -	\$ 1,025	\$ 1,025

Training and Support	Air-fare	Hotel	Food and Other	Sub-total	This Application	Other Funds	Sub-total
Training Conference (Attorney)	\$ 350	\$ 350	\$ 150	\$ 850	\$ -	\$ 850	\$ 850
				\$ -			\$ -
				\$ 850	\$ -	\$ 850	\$ 850

Telephone and Internet	Per Month	Months	Sub-total	This Application	Other Funds	Sub-total
Basic Service	\$ 75	12	\$ 900	\$ 225	\$ 675	\$ 900
Long Distance	\$ 25	12	\$ 300	\$ 75	\$ 225	\$ 300
Internet Charges	\$ 45	12	\$ 540	\$ 135	\$ 405	\$ 540
Cell phone Charges			\$ -			\$ -
			\$ 1,740	\$ 435	\$ 1,305	\$ 1,740

Office Supplies	Per Month	Months	Sub-total	This Application	Other Funds	Sub-total
Office Supplies	\$ 50	12	\$ 600	\$ 150	\$ 450	\$ 600
Other (list)	3					

ATJ Fund Grant Application - Project Budget Detail

Applicant Organization Name:

Project Name:

			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ 600	\$ 150	\$ 450	\$ 600

All Other (list purpose of each cost)	Per Month	Months	Sub-total	This Application	Other Funds	Sub-total
Other administrative or overhad costs, as follows:			\$ -	\$ -	\$ -	\$ -
			\$ -			\$ -
Equipment, as follows:			\$ -			\$ -
Other, as follows:			\$ -			\$ -
			\$ -			\$ -
			\$ -	\$ -	\$ -	\$ -

Justification for All Other Cost Categories: Provide a brief explanation of any costs that are higher than those typically found in NM legal aid programs. In particular, provide justification for any purchases of equipment, for any out-of-state travel, or for any higher than usual overhead costs. See the Request for Proposals for more guidance. **In addition show 1) total 2026-27 expected funding from all sources, including the amount requested in this application; 2) total 2026-27 expected overhead and administrative costs; 3) amounts requested in this application as a percentage of total expected 2026-27 funds; and 4) administrative and overhead costs requested as a percentage of all expected 2026-27 administrative and overhead cost.**

State Bar of New Mexico Access to Justice Fund Grant Commission
2026-2027 Request for Proposals
Project Budget Summary

Organization Name:

Project Name:

Use the attached "Budget Detail" spreadsheet to calculate all costs. Then transfer the information for each category to this spreadsheet (the spreadsheets are not linked). Do not enter information in the green cells, which contain formulas.

Category	Funds Requested in this Application	Other Funds for This Project	Total Project Funds
Salaries and Wages			\$ -
Employer Provided Benefits			\$ -
Space Costs			\$ -
Travel: In-State			\$ -
Travel: Out-of-State			\$ -
Training and Support			\$ -
Telephone and Internet			\$ -
Office Supplies			\$ -
All Other, including other administrative or overhead expenses			\$ -
Subtotals	\$ -	\$ -	\$ -
Percent of Total	#DIV/0!	#DIV/0!	#DIV/0!

When finished, transfer the total project cost and funds requested to the Cover Page
If this is an application for a joint project to be carried out by the applicant and other eligible organizations, fill in the table below:

	Role	Percent for this Organization
Name of Eligible Organizations Participating in Joint Project	Applicant	
	Sub-contractor	
	Sub-contractor	
	Sub-contractor	
	Sub-contractor	
	Sub-contractor	
Total		

Organization percents should add to 100%.