Application and Informational Materials and Guidelines for the NJBLF "Help 2025 Grant Program"

The New Jersey Bankruptcy Lawyers Foundation ("NJBLF" or "Foundation") has established a grant application program to provide financial assistance to those who live or work in New Jersey who have been negatively affected by the recent shutdown of the U.S. Government.

Inasmuch as the NJBLF is funded in large part by professional firms and individuals who interact with the Federal Courts and with other Federal Departments and Agencies, measures are being taken to avoid having our volunteer grant reviewers who interact with those entities evaluate and potentially approve applications.

In addition, specifically excluded from being eligible to receive assistance from this Grant Program are Federal personnel with law degrees or who have been admitted to the Bar of any State or Federal Court or who occupy senior management positions.

After you, as an applicant, have had the opportunity to review carefully these materials and guidelines and, if you believe you qualify and have an immediate need for financial assistance, please complete this Application with the requested supporting documentation and send it to help@njblf.org.

Applicants must provide the information indicated in this Application form and agree to the following:

A. The NJBLF has limited funds and might not be able to satisfy the needs of all applicants. At this time, applicants must live in New Jersey or be employed or work in New Jersey and will be limited to a maximum of $1,000 per request.

B. If the shutdown continues and if more funds become available, the NJBLF may be able to provide additional help to qualified applicants. Information regarding the status of this Program, known as the "Help 2025 Grant Program", can be found on the NJBLF website at www.njblf.org.

C. In order to qualify for assistance you must:

   a) Indicate the amount that you are requesting:

      $_____

   b) Provide an explanation of your timing concerns and the anticipated ramifications if funds are not provided to you. Please provide your explanation below or on a separate attachment and include supporting information:

      _____

_____

_____

c) If any third parties will be impacted in the event that you do not receive this assistance, please explain the circumstances including your relationship with those parties. Please provide your explanation below or on a separate attachment:

_____

_____

_____

d) Please provide your current monthly household budget and include major expense items and sources of income.

e) Attach a copy of a recent paystub or voucher that will document your current income. Your current annual salary is:

$_____

f) Please state your current status of employment if the basis for your hardship is a change in your employment with the Federal Government. In that regard, please indicate if you have been furloughed, deemed an "essential worker", are working without compensation or have been terminated. Please set forth your current employment status and provide documentation here or on a separate attachment:

_____

g) If you are an employee of the Federal Government, a vendor of a Federal Government agency, or otherwise directly impacted by the U.S. Government shutdown, please attach a copy of your identification or other proof of employment, any contracts or agreements which you have with any Federal Government agency or documentation to support the impact on you personally as a result of the U.S. Government shutdown.

h) If you are not a Federal Government employee but a vendor or party which has a contract or agreement with a Federal Government agency, or otherwise have been directly impacted by the U.S. Government Shutdown, please provide documentation to support your claim that your status and payment by the Federal Government agency, or from other sources, has been changed or modified.

i) In order to respond to your application, please provide your contact information including legal name, mailing address, cell phone number, and email address:

Legal Name of Applicant:

Mailing Address:

Email Address:

Cell Phone Number:

j) Please provide your complete Social Security number for identification and for tax purposes:

_____

D. While this grant is not to be considered a loan, if you eventually are compensated for your "lost pay", or receive contractual damages or are otherwise compensated for your losses, then we ask that you pay back to the NJBLF part or all of the funds which you have been given. This will help the NJBLF to further its mission and help it to assist others in New Jersey who are encountering serious financial difficulties. Please confirm that you understand and appreciate this request by initialing below:

_____
Initial

E. Kindly note that the NJBLF will limit access to the information provided in this Application to the NJBLF volunteer who receives your Application, to the NJBLF's volunteer grant reviewers, to our Treasurer in the event that a payment is being issued, and to our accountant for purposes of preparing tax returns and performing related functions. The grant review process involves an evaluation of your Application by three grant reviewers and an Application will be deemed approved if two of those reviewers affirmatively support your Application. None of those grant reviewers will be attorneys or staff who currently are working for those attorneys and regularly interact with the Federal Courts or with any other Federal agencies.

F. Kindly note that the NJBLF Board of Trustees will review summary reports as to the status of this Grant Program. In that regard, applicants will not be identified by name; however, they will be identified by Job Title, by their employer and by the last four digits of their Social Security Numbers. Those reports will be compiled for internal use only and will not be disseminated publicly.

G. Please confirm that no member of your immediate family has submitted an Application to the NJBLF under this Program. Please confirm with your initials below:

_____
Initial

H. You consent to a representative of the Help 2025 Grant Program contacting you after the grant application process has been completed in order to solicit feedback with respect to the procedures employed by the Program and to inquire as to the impact on the applicant and the applicant's immediate family if the grant has been approved. Please confirm with your initials below:

_____
Initial

I. If there is any additional information about your financial or personal circumstances which you, as an applicant, believe would be relevant in connection with the approval process, please feel free to provide that information below or on a supplemental attachment:

_____

_____

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J. Please be advised that there will be no reference which would identify you individually on the NJBLF website or publicly by other means. All references or comments, if any, to your circumstances will be very general in nature. A hypothetical example would be: "Federal employee given a grant of $x to assist with pressing financial needs resulting from the Government shutdown".

Please sign your name below as an acknowledgement that you understand the NJBLF's Help 2025 Grant Program guidelines and that the information and documentation provided by you in connection with this Application is correct:

I,_____, certify that the information provided in and with this Application to the NJBLF's Help 2025 Grant Program in order to obtain a grant from the NJBLF is true, complete and accurate.

Date emailed to help@njblf.org: _____

_____
Signature of Applicant

Date Signed: _____