## APPENDIX VII

## STATE JUSTICE INSTITUTE APPLICATION

3.	APPLICANT  a. Applicant Name  b. Organizational Unit  c. Street/P.O. Box  d. City  e. State f. Zip Code  g. Name and Telephone Number of Contact Person  EMPLOYER IDENTIFICATION NO	2. TYPE OF APPLICANT (Circle appropriate letter)  a. State court b. National State court support organization c. National state court education/training organization d. College or university  c. Other non-profit organization or agency f. Individual g. Corporation or partnership h. Other unit of government l. Other  ———————————————————————————————————
4.	ENTITY TO RECEIVE FUNDS (if different from applicant)  a. Name of Responsible Entity  b. Street/P.O. Box  d. City  e. State f. Zip Code  f. Name and Telephone Number of Contact Person	5. TYPE OF PROJECT (Circle appropriate letter) a. Education/Training b. Research/Evaluation c. Demonstration d. Technical Assistance e. Other
7.	TITLE OF PROPOSED PROJECT	8. PROPOSED START DATE  9. PROJECT DURATION (Months)
10.	a. AMOUNT REQUESTED FROM SJI \$	11. IF THIS APPLICATION HAS BEEN SUBMITTED TO OTHER FUNDING SOURCES, PLEASE PROVIDE THE FOLLOWING INFORMATION: Source Date Submitted Amount Sought Disposition (if any) or Current Status
12.	12. CONGRESSIONAL DISTRICT OF:  Applicant: Name of Representative; District Number  Project (if different than applicant): Name of Representative; District Number	
13.	CERTIFICATION On behalf of the applicant, I hereby certify that to the bapplication is true and conplete. I have read the attach application is approved for funding, the award will be sapplicant will comply with the assurances if the applicant make these representations on behalf of the applicant.  SIGNATURE OF RESPONSIBLE OFFICIAL OF APPLICANT	est of my knowledge the information in this ed assurances (Form D) and understand that if this subject to those assurances. I certify that the