

<b>Legal Services Corporation Technology Initiative Grants 2001</b>  <b>Application Form</b>	TIG Number:	
	Date Received:	
	For LSC Use Only	
<b>Grant Category</b> (check one) <input type="checkbox"/> Integration <input type="checkbox"/> Innovation <input type="checkbox"/> Statewide Web Sites <input type="checkbox"/> Statewide/Regional Technology <input type="checkbox"/> National/Multi-State Technology	<b>Grant Term</b> (check one) <input type="checkbox"/> One year <input type="checkbox"/> Two year <input type="checkbox"/> Three year <input type="checkbox"/> Other (# of months) _____	
Total Grant Request: \$	Total Project Budget: \$	
Brief Description of Proposed Project:		

### Applicant Information

LSC Grantee Name	
LSC Grantee Number	
Street Address	
City	
State	
Zip	

### Contact Information

Contact Name	
Street Address	
City	
State	
Zip	
Telephone Number	
Fax Number	
E-mail Address	

Typed Name of Authorized Representative	Title
Signature of Authorized Representative	Date Signed