

Litigation Fund* Grant Application

Applicant's Name _____ Address _____

Phone Numbers _____ Email _____
(add additional lines for multiple plaintiffs)

Attorney _____ Address _____

Phone Numbers _____ Email _____
(add additional lines for multiple attorneys)

What grant amount is requested (maximum \$4000) \$ _____

In a separate document:

Provide a detailed explanation of the case. Please pay attention to evidence which supports plaintiff's and defendant's positions, including deposition testimony, witness interviews and documents. Describe the procedural context and any motion practice. Make it plain how the funds sought will aid in the prosecution of the case. Please provide a realistic explanation of any weaknesses in the case. If the applicant believes that the prosecution of this case will advance employee rights, please explain how. If the applicant considers this an impact case please explain why.

The Advisory Committee Fund would like to know whether the plaintiff and counsel will have the funds to complete prosecution of the case. Please describe in detail all of the anticipated expenses and financial resources available including sources.

Provide a CV or recent fee application from which the Advisory Committee may evaluate counsel's experience.

This is a grant given on the following terms. In consideration of the grant, attorney and his or her client(s), the applicant(s) agree that at such time as applicant(s) obtain a recovery in the litigation the grant amount will be repaid to the Fund out of the recovery before legal fees are paid or recovery is distributed to the client. If applicant(s) retains new counsel the applicant(s) will require such counsel to sign a copy of this application.

You are required to update the Advisory Committee at litigationfund@nelany.com every six months on progress, and report the amount of any settlement or recovery when reached.

Signature below indicates acceptance of the terms above.

* The Litigation Fund is a Project of Workplace Fairness. For more information visit www.nelany.com . All of the information requested herein is required.

Applicant _____ Date _____ (add signature lines if necessary)

Counsel _____ Date _____ (add signature lines if necessary)

Applications may be emailed to litigationfund@nelany.com or faxed to (212) 977-4005.