**Kansas Governor’s Grants Program**

**APPLICANT INFORMATION FORM**

|  |  |
| --- | --- |
|  **Applicant Name:** |       |

**Type of Application:** **[ ]  State** **or Local Prosecutor** **[ ]  State Public Defender** **[ ]  Federal Public Defender**

**Were you aware of the JRJ program prior to your current employment? [ ]  Yes [ ]  No**

 **If yes, did the JRJ program affect your decision to apply for a government position? [ ]  Yes [ ]  No**

**Has the JRJ program affected your decision to remain employed with a government entity? [ ]  Yes [ ]  No**

|  |
| --- |
| **SECTION A: APPLICANT INFORMATION***The following information will be used for contact and taxation purposes.* |
|  |
| **Social Security Number:** |       |
| **Home Address:** |       |
| **City:** |       | **State:** |    | **Zip Code:** |       | **County:** |       |
| **Home Telephone #:** |       | **Work Telephone #** |  |
| **Email Address:** |       |
| **Name of Law School:** |       | **Attendance Dates:** |       |
| *Additional School(s) Attended:* |
| **Name of Law School:** |       | **Attendance Dates:** |       |
| **Name of Law School:** |       | **Attendance Dates:** |       |

|  |
| --- |
| **SECTION B: LOAN INSTITUTION INFORMATION***The following information shall identify the lending institution to which benefits will be paid if awarded a grant.* |
|  |  |  |  |
| **Name of Institution:** |       |
| **Federal Tax ID #:** |       |  |
| **Payment Remittance Address:** |       |
| **City:** |       | **State:** |    | **Zip Code:** |       |
| **Contact Person:** |       | **Title:** |       |
| **Telephone #:** |       | **Fax #:** |       |

|  |
| --- |
| **SECTION C: CERTIFICATION** |
|  |  |  |  |
| ***I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in denial of my grant request or termination of such contract if awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested.*** |
| **Applicant Signature:** |  | **Date:** |       |

**Kansas Governor’s Grants Program**

**EMPLOYMENT INFORMATION FORM**

|  |  |
| --- | --- |
| **Applicant Name:** |       |

|  |
| --- |
| **SECTION A: EMPLOYMENT INFORMATION***The following information shall represent the applicant’s current employer.* |
|  |  |  |  |
| **Employer Name:** |       |
| **Employer Address:** |       |
| **City:** |       | **State:** |    | **Zip Code:** |       | **County:** |       |
| **Supervisor Name:** |       | **Title:** |       |
| **Supervisor Telephone #:** |       |
| **Supervisor Email:** |       |
| **Employer Type:** |       |
| ***If Other, please specify:*** |       |

|  |
| --- |
| **SECTION B: EMPLOYMENT SERVICE***The following information shall determine the applicant’s eligibility.* |
|  |  |  |  |
| **Position Title:** |       | **Hire Date:** |       |
| **Type of Work:** |       |
| ***If Other, please specify:*** |       |
| **Position Status:** |       |
| ***If Part Time, please indicate the average number of hours worked in a normal week:*** |       |

***Note: Full-time employment is considered “not less than 75% of a 40-hour work week”.***

|  |
| --- |
| **SECTION C: CERTIFICATION** |
|  |  |  |  |
| ***I certify that all information provide above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested.*** |
|  |
| **Applicant Signature:** |  | **Date:** |       |
| ***I certify this individual is a current employee of the above referenced agency and that all information provided is true and accurate as of this date.*** |
| **Supervisor Signature:** |  | **Date:** |       |

**Kansas Governor’s Grants Program**

**INCOME INFORMATION WORKSHEET**

|  |  |
| --- | --- |
| **Applicant Name:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Marital Status:** |       | **Number of Dependents\*:** |       |

*\*For purposes of this box, Applicant and spouse shall not be counted as dependents.*

**Please report estimated household income for the period of January 1, 2021 through December 31, 2021.**

|  |  |
| --- | --- |
|  | **Household Income** |
|  |  |  |
| Gross Income | $      |  |

|  |  |
| --- | --- |
|  | **Household Income** |
|  |  |  |
| Net Income | $      |  |
| Overtime/Bonus/Commissions | $      |  |
| Total Interest Income(if more than $500) | $      |  |
| Total Dividend Income(if more than $500) | $      |  |
| Business Income | $      |  |
| Alimony Received | $      |  |
| Unemployment Compensation | $      |  |
| Rental Income | $      |  |
| Trust Fund Income | $      |  |
| Other Income (specify): |  |  |
|       |  | $      |  |
|       |  | $      |  |
|  |  |  |  |
| **TOTAL =** |  | **$** |  |

|  |
| --- |
| **CERTIFICATION** |
|  |  |  |  |
| ***I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested.*** |
|  |
| **Applicant Signature:** |  | **Date:** |       |

**Kansas Governor’s Grants Program**

**ASSET WORKSHEET**

|  |  |
| --- | --- |
| **Applicant Name:** |       |

**Please report actual assets at this time.**

|  |  |  |
| --- | --- | --- |
|  | **Household** |  |
|  |  |  |
| Cash and Bank Accounts | $      |  |
| Real Estate | $      |  |
| Trust or Inheritance | $      |  |
|       |  | $      |  |
|       |  | $      |  |
|  |  |  |  |
| **TOTAL =** |  | $      |  |

|  |
| --- |
| **CERTIFICATION** |
|  |  |  |  |
| ***I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested.*** |
|  |
| **Applicant Signature:** |  | **Date:** |       |

**Kansas Governor’s Grants Program**

**LOAN INDEBTEDNESS WORKSHEET**

|  |  |
| --- | --- |
| **Applicant Name:** |       |

**Use the information taken from your loan statement to complete the following section of the worksheet. This section shall provide information on the qualifying student loan for which the applicant is requesting assistance.**

|  |  |
| --- | --- |
| **Lender:** |       |
| **Federal Tax ID #:** |       |
| **Type of Loan:** |       |
| **Principal Balance:** | $      |
| **Remaining Term of Loan:** **(in months)** |       |
| **Monthly Payment:** | $      |
| **Monthly Payment Due Date:** |       |

**Please report current debt amounts (student and non-student) not reported above.**

|  |  |  |
| --- | --- | --- |
|  | **Household Information** |  |
|  |  |  |
| **Total Other Educational Loan Debt:** | $      |  |
| **Total Other Debt:** | $      |  |
|  |  |  |  |
| **TOTAL GROSS DEBT =**  | **$** |  |

|  |  |
| --- | --- |
| **Loan Repayment Assistance/ Forgiveness Programs:** | $      |

|  |  |  |
| --- | --- | --- |
| **TOTAL NET DEBT =** | **$** |  |

|  |
| --- |
| **CERTIFICATION** |
|  |  |  |  |
| ***I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested.*** |
|  |
| **Applicant Signature:** |  | **Date:** |       |

**Kansas Governor’s Grants Program**

**CERTIFIED ASSURANCES**

In addition to the general terms contained in the *John R. Justice* (*JRJ) Application Packet,* the Applicant is also conditioned upon and subject to compliance with the following assurances:

1. **Availability of Funds:**  The Applicant understands all awards are subject to the availability of appropriated funds and any modifications or additional requirements that may be imposed by law. It is understood and agreed upon that, in the event funds from federal sources are not appropriated and continued at an aggregate level sufficient to cover the contract costs, or in the event of a change in federal or state laws relevant to these costs, the obligations of each party hereunder shall thereupon be terminated immediately upon receipt of written notice. In addition, the Applicant understands that JRJ funds are a supplement to, not substitute for, the applicant’s personal student loan obligations.
2. **Release of Information:** The Applicant agrees to provide the appropriate documentation as requested by the KGGP to verify the information provided within this application, if necessary.
3. **Record Retention:** The Applicant agrees to maintain the application, and supporting documentation pertaining to this application, and make such records available for Federal and/or State audit or examination, if necessary. Such records shall be maintained for at least five (5) years following notification by the KGGP that the grant has been programmatically and fiscally closed.
4. **Reporting Requirement:** The Applicant agrees to submit the appropriate documentation in a timely manner as required in the *Program Guidelines*under the “Reporting Requirement” section.
5. **Notification of Program Changes:** The Applicant shall submit in writing on the *JRJ Change of Information Form* any program changes that he/she experiences during the award period. Major program changes may be subject to approval from the KGGP. Program revisions include changes as outlined below:
6. Change in contact information;
7. Change in lending institution information;
8. Change in employment information; or
9. Change in supervisor information.
10. **Income Tax:** The Applicant understands he/she is responsible for any income tax obligation resulting from the student loan repayments made under the JRJ Grant Program and should consult with their tax advisors for advice on any tax obligations resulting from benefits paid on their behalf. The Bureau of Justice Assistance has requested information from the Internal Revenue Service (IRS) that may be helpful. This inquiry and the IRS response is available on BJA’s website at <https://www.bja.gov/ProgramDetails.aspx?Program_ID=65>.
11. **Service Agreement:** The Applicant understands that he/she must remain employed as a prosecutor or public defender for a period of service not less than three years (36 months), beginning with the date of the first signed service agreement form, unless involuntarily separated from employment. If the Applicant has previously received JRJ awards and completed their 36th or more month of eligible service in calendar year 2021, he/she understands that the signed agreement will be to commit to an additional one year (12 months) of service obligation.
12. **Default on Contract:** The Applicant agrees that in the event he/she leaves a position as an eligible beneficiary or is involuntarily separated for misconduct or unacceptable performance before completing the agreed upon period of service, he/she will be indebted to the Federal government and must reimburse the U.S. Department of Justice for the full amount of any student loan repayments made under this contract.
13. **Award Documents:** If the Applicant receives an award under the JRJ Program, he/she will be issued a contract by the KGGP in the form of an *Award of Contract* document. The Applicant understands that such document must be signed and returned within 14 days of the award date.
14. **Termination of Contract:** The KGGP reserves the right to terminate any contract entered into as a result of this application at its sole discretion and without penalty or recourse by giving written notice to the beneficiary of the effective date of termination. In the event of termination pursuant to this paragraph, all documents, data, and reports prepared by the beneficiary under the contract shall, at the option of the KGGP, become property of the State of Kansas.
15. **Renewal of Contract:** An award of contract entered into as a result of this application shall not bind or purport to bind the KGGP for any contractual commitment in excess of the original contract period contained in such an award of contract. However, the KGGP shall have the right, at its sole discretion, to renew any such award of contract on a year-to-year basis. Should the KGGP exercise its right to renew the contract, the renewal shall be subject to the terms set forth by the KGGP in the documents developed for such renewal. Failure to comply with such terms set forth by the KGGP will result in the forfeiture of such a renewal option.

***Failure to comply with any of the foregoing certified assurances could result in funds being withheld until such time as the applicant or beneficiary takes appropriate action to rectify the incident(s) of non-compliance. The Applicant hereby certifies, by signature, acceptance of the terms and conditions specified or incorporated by reference herein, including those stated in the grant application.***

**Applicant Name (Please Print)**

**Signature Date**