

**LSC LRAP
Executive Director Certification of
LRAP Participating Attorney (PA)
Employment and Good Standing**

Instructions:

The Executive Director (or designee) is required to complete a separate certification form for *each* PA applying for the LSC LRAP Program. *Please complete and return this form by January 8, 2010.* **Be sure to date this form.** LSC will not begin processing the PA's FY 2010 LRAP application until his or her certification is received. Once the certifications have been properly completed by the program's Executive Director, all of them should be assembled in alphabetical order and then converted into one PDF file. The PDF file should then be e-mailed to LRAPcoordinator@lsc.gov. Use only the grantee number and "certification form" as the subject line of the e-mail. As an example, if the grantee number is 111000, the subject line would be "111000 Certification Form."

Participating Attorney: _____

Grantee Name: _____

Grantee Number: _____

If the Participating Attorney is on staff, please check **all applicable boxes**:

- | |
|--|
| <p><input type="checkbox"/> The PA named above is currently an employee of the grantee program, but is not in good standing with the program.</p> <p><input type="checkbox"/> The PA named above is currently an employee of the grantee program and is in good standing with the program.</p> <p><input type="checkbox"/> The PA named above works with our program at least 35 hours per week.</p> |
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If the Participating Attorney has not yet begun working with your program, please check all applicable boxes below:

- | |
|--|
| <p><input type="checkbox"/> The PA named above is a new hire and will begin work with our program on _____(give date.)</p> <p><input type="checkbox"/> The PA will work with our program at least 35 hours per week.</p> |
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I certify that the above information is true to the best of my information and belief.

Executive Director (or designee) (PRINT NAME)

Title

Signature

Date