THE GENERAL PRACTICE, SOLO AND SMALL FIRM SECTION
L. MICHAEL ROFFINO PRO BONO AWARD

APPLICATION

1. NAME:

2. ADDRESS:

3. TELEPHONE: FAX:

4. PRO BONO STAFF - NAME, TITLE, FULL OR PART-TIME EMPLOYMENT STATUS

5. DATE PROGRAM ESTABLISHED:

6. GEOGRAPHICAL AREAS OF SERVICE (COUNTIES):

7. AFFILIATED WITH FLORIDA PRO BONO COORDINATORS ASSOCIATION? YES ___ NO ___
AFFILIATED WITH ANY LEGAL SERVICES OR LEGAL AID OFFICE? YES ___ NO ___
AFFILIATED WITH ANY BAR ASSOCIATION? YES ___ NO ___

8. OVERALL BUDGET FOR FISCAL YEAR:
PRO BONO BUDGET:

9. DESCRIBE ANY SIGNIFICANT ACCOMPLISHMENT DURING THE PAST YEAR THAT MIGHT WARRANT RECOGNITION UNDER THIS PROGRAM:

10. DESCRIBE YOUR IMMEDIATE NEED AND HOW THE FUNDS FROM THE GENERAL PRACTICE, SOLO AND SMALL FIRM SECTION L. MICHAEL ROFFINO PRO BONO AWARD WOULD BE UTILIZED:

DATED:_____ _____
SIGNATURE OF PRO BONO COORDINATOR