



Blacks In Government[®]

Attorney Assistance Program (AAP) Requirements

The AAP provides for a one-time grant of \$2,500 to assist Blacks In Government (BIG) members with the costs of enforcing their civil rights. In order to qualify, members must fulfill the following requirements:

- a. Be a BIG member for at least two years.
- b. Allege adverse employment action as a result of discrimination based in part on race or color.
- c. Provide evidence that an employment discrimination claim based on race or color has been filed.
- d. Agree to repay the grant if the claim is successful.
- e. Provide for payment of the \$2,500 grant to the law firm, attorney or legal clinic/legal assistance program that is representing the BIG member.

Please be advised that participation in BIG's Attorney Assistance Program may be limited based on funding and other considerations. BIG does not guarantee that all applicants meeting these requirements will be awarded grants.



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Attorney Assistance Program (AAP) Application

Name _____

BIG Chapter and Membership No. _____

Home Address _____

City _____ State _____ Zip Code _____

In order to apply for an Attorney Assistance Program (AAP) grant, the documents listed below must be attached to this form and faxed to 202-667 3705:

- BIG Member AAP Agreement
- AAP Authorization
- Attorney Certification – A letter from the applicant’s attorney stating that he represents the applicant in an employment discrimination claim based on race or color.
- Evidence that an employment discrimination claim based on race or color has been filed. (i.e., ROI, motion, acknowledgement of complaint)



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Attorney Assistance Program (AAP) Agreement

I, _____ (Applicant's Name), do hereby certify and agree to the following:

1. I am currently a member of a Blacks In Government chapter in good standing.
2. I have been a member of Blacks In Government for at least two years.
3. If approved, the one time grant in the amount of \$2,500 will be paid to the law firm, attorney, legal clinic or legal assistance program that represents me.
4. If my claim is successful, I will contact BIG's National Treasurer and will repay this one time grant of \$2,500.
5. I am authorizing BIG to correspond with my legal representative regarding the outcome of my claim and repayment of this grant.
6. I understand that although BIG has provided this grant, BIG does not endorse or support my claim.
7. I understand that BIG does not endorse or support my legal representative, and that BIG does not provide legal representation.
8. I certify that any and all documents or statements attached to or contained within my AAP application are truthful and accurate.

Applicant's Signature

Date



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Attorney Assistance Program (AAP) Authorization

I, (Applicant Name) _____, authorize my legal representative, (Name of Legal Representative) _____, to communicate with the National Organization of Blacks In Government (BIG) regarding the outcome of my employment discrimination claim. My legal representative is authorized to communicate with BIG's National Legal Review Committee or BIG's National Executive Committee that he or she represents me in this matter. Furthermore, my legal representative is authorized to communicate the status and/or outcome of my claim to BIG's National Legal Review Committee or BIG's National Executive Committee.

Applicant's Signature

Date