EQUAL JUSTICE WORKS

Equal Justice Works Fellowship Application Certification
Host Organization & Applicant

Instructions: This form must be filled and submitted in order for the fellowship application to be considered complete. The Host Organization Executive Director (or authorized signatory) must initial each statement below and sign at the end of this form. The Applicant, the person applying for the fellowship, must also sign in the Acknowledgement section.

Host Organization Certifications

On behalf of The Legal Aid Society of Story County, I certify the following (please initial each statement):

✓ **Employment Commitment:** If the Applicant (Candidate) is selected as an Equal Justice Works Fellow, we will employ the Applicant as an attorney to carry out the proposed fellowship project as described in the application.

✓ **Fellow's Salary:** We understand the Equal Justice Works fellowship award is for use towards the total cost of the Fellow's salary during the fellowship. We understand that as the Fellow's employer, we are solely responsible for determining the Fellow's gross annual salary which will be $ 50,000 before bar admission and $ 65,000 after bar admission (Host Organization to complete salary information). The Fellow's salary is consistent with that of full time attorneys with similar experience and responsibilities at our organization. We understand that Fellow's salary costs exceeding the fellowship award are our responsibility.

✓ **Salary Adjustments:** If any salary increases are made prior to or during the Fellowship term for which the Fellow meets the prerequisite experience, performance, or tenure requirements, we will apply the same adjustment to the Fellow's salary and notify Equal Justice Works.

✓ **Fellow Benefits:** We understand we are responsible for providing health insurance and standard fringe benefits comparable to those offered to similarly situated attorneys at our organization and understand benefit costs are not covered by Equal Justice Works. The benefits that we currently provide and that we expect to provide to the candidate during their Fellowship are (please indicate as applicable):

- ☒ Health insurance (~~medical, dental~~, vision)
- ☒ Retirement contributions
- ☒ Paid time off (vacation, sick leave, holidays)
- ☒ Disability insurance
- ☐ Life insurance
- ☒ Professional development funds (e.g. CLE credits, trainings)
- ☒ Bar dues or licensing fees
- ☒ Any additional benefits Stipend in lieu of medical coverage

✓ **Contingency:** This position would not exist without the financial support of the Fellowship program

✓ **Nonprofit Status:** The Host Organization status is 501(c)(3) nonprofit organization.

✓ **Fellowship Program Agreements:** The Host Organization confirms that it has reviewed program agreements for the Fellow and Host Organization and understands the general terms, expectations, and responsibilities reflected therein, including that:

- Agreements are illustrative and subject to change
- Final agreements will be provided if the Applicant is selected
- Both the Fellow and Host Organization will be required to sign and comply with the final agreements if selected for the program.

Acknowledgement

By signing below, the Host Organization and Applicant confirm that:

- They have discussed and agreed upon the Fellow's salary and benefits
- They have reviewed the sample Memorandum of Agreement
- These terms have been finalized prior to submission of the application

Applicant Signature: _____

Organization: Legal Aid Society of Story County

Organization Address: 220 H Ave. Nevada, IA 50201

Executive Director Signature: _____