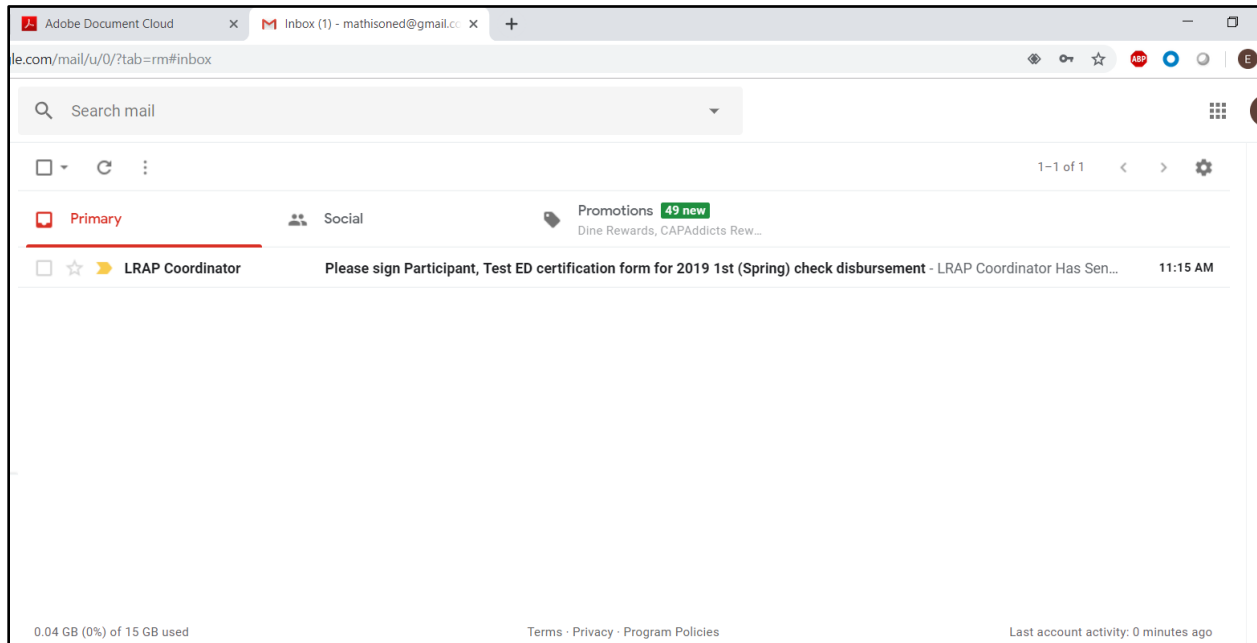
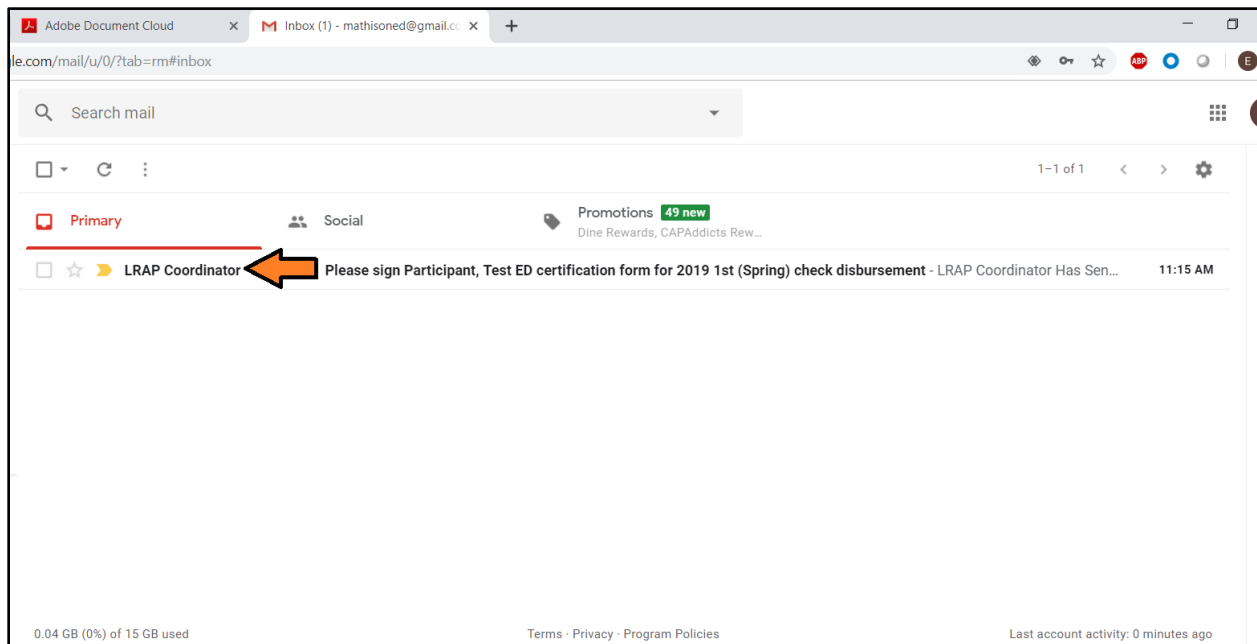


2019 LSC LRAP Executive Director Certification Form e-Sign Instructions

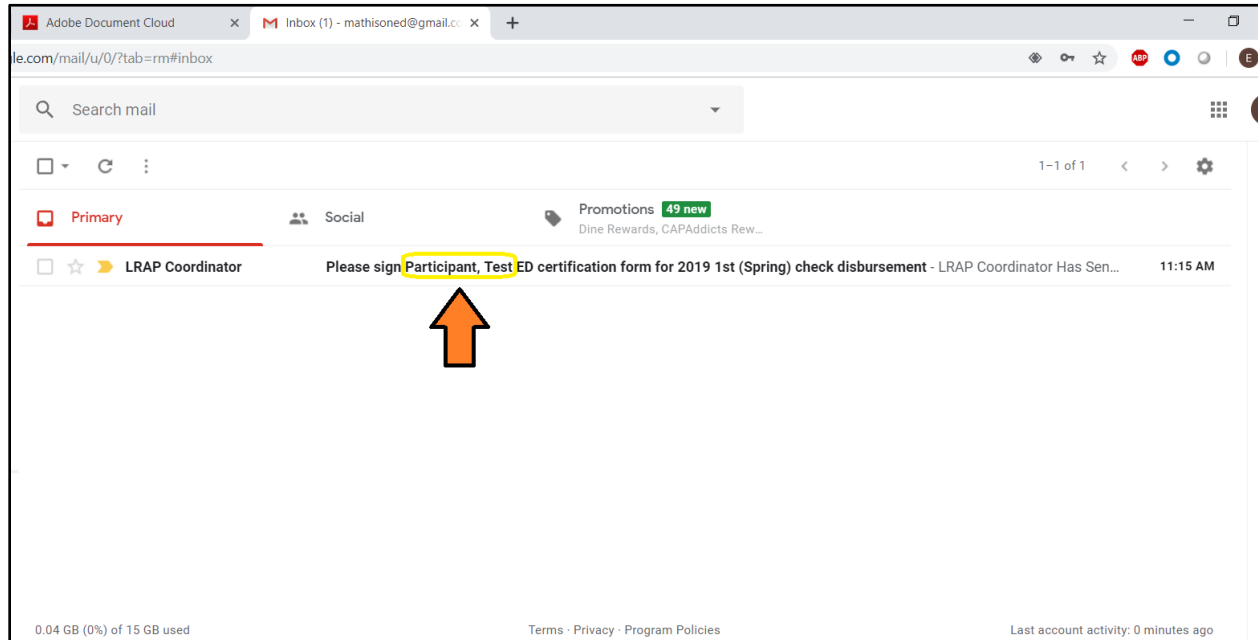
You will receive an email similar to the sample below asking you to sign the executive director certification form for the 2019 1st (Spring) check disbursement.



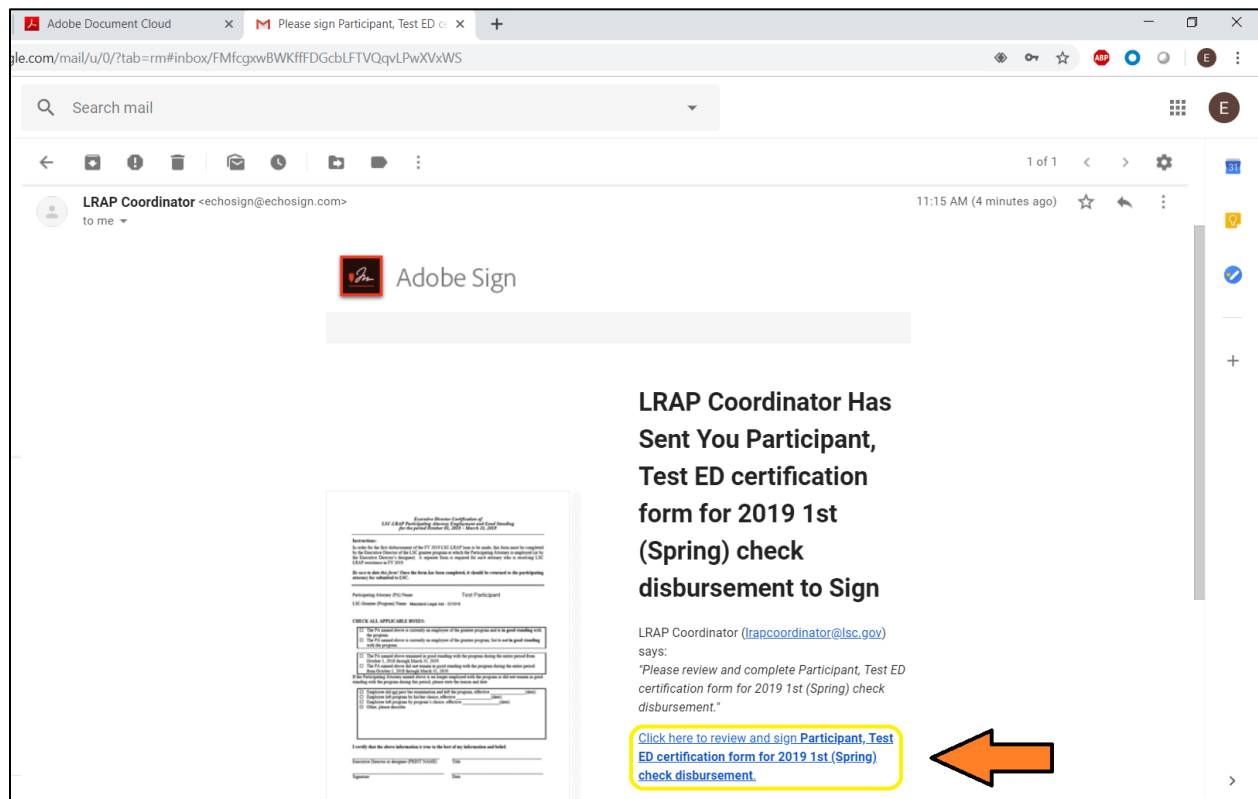
Please note: The email will come from the LRAP Coordinator.



The participating attorney from your program will be named in the subject line of this email.



When you open the email, it will look like the sample below. Click the link to review and sign the document on the right side of the page.



You will be required to begin filling out the various fields. Follow the yellow arrows on the left as you tab through the various fields required for you to complete. You can even click on these arrows to move to the next field.

Adobe Sign

Alternative actions ▾

Participant, Test ED certification form for 2019 1st (Spring) check ...

Next required field 6

**Executive Director Certification of
LSC-LRAP Participating Attorney Employment and Good Standing
for the period October 01, 2018 – March 31, 2019**

Instructions:
In order for the first disbursement of the FY 2019 LSC-LRAP loan to be made, this form must be completed by the Executive Director of the LSC grantee program at which the Participating Attorney is employed (or by the Executive Director's designee). A separate form is required for *each* attorney who is receiving LSC LRAP assistance in FY 2019.

Be sure to date this form! Once the form has been completed, it should be returned to the participating attorney for submittal to LSC.

Participating Attorney (PA) Name: **Test Participant**

LSC-Grantee (Program) Name: **Maryland Legal Aid - 321016**

CHECK ALL APPLICABLE BOXES:

☐ The PA named above is currently an employee of the grantee program and is in **good standing** with the program.

☐ The PA named above is currently an employee of the grantee program, but is **not in good standing** with the program.

Start

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The Participating Attorney and LSC Grantee Program fields have been pre-populated with the attorney participant from your program and your program's name.

Adobe Sign

Alternative actions ▾

Participant, Test ED certification form for 2019 1st (Spring) check ...

Next required field 6

**Executive Director Certification of
LSC-LRAP Participating Attorney Employment and Good Standing
for the period October 01, 2018 – March 31, 2019**

Instructions:
In order for the first disbursement of the FY 2019 LSC-LRAP loan to be made, this form must be completed by the Executive Director of the LSC grantee program at which the Participating Attorney is employed (or by the Executive Director's designee). A separate form is required for *each* attorney who is receiving LSC LRAP assistance in FY 2019.

Be sure to date this form! Once the form has been completed, it should be returned to the participating attorney for submittal to LSC.

Participating Attorney (PA) Name: **Test Participant**

LSC-Grantee (Program) Name: **Maryland Legal Aid - 321016**

CHECK ALL APPLICABLE BOXES:

☐ The PA named above is currently an employee of the grantee program and is in **good standing** with the program.

☐ The PA named above is currently an employee of the grantee program, but is **not in good standing** with the program.

Start

Language English: US

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There are two sets of certifications you will need to complete. The first speaks to the current state of the participant's relationship with the program and the second speaks to the relationship during the disbursement period in question.

Adobe Sign

Participant, Test ED certification form for 2019 1st (Spring) check ...

Alternative actions ▾

Next required field 6

Instructions:
In order for the first disbursement of the FY 2019 LSC-LRAP loan to be made, this form must be completed by the Executive Director of the LSC grantee program at which the Participating Attorney is employed (or by the Executive Director's designee). A separate form is required for *each* attorney who is receiving LSC LRAP assistance in FY 2019.
Be sure to date this form! Once the form has been completed, it should be returned to the participating attorney for submittal to LSC.

Participating Attorney (PA) Name: **Test Participant**
LSC-Grantee (Program) Name: Maryland Legal Aid - 321016

CHECK ALL APPLICABLE BOXES:

☒ The PA named above is currently an employee of the grantee program and is **in good standing** with the program.
☐ The PA named above is currently an employee of the grantee program, but is **not in good standing** with the program.

☐ The PA named above remained in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.
☐ The PA named above did **not** remain in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.
If the Participating Attorney named above is **no** longer employed with the program or did **not** remain in good standing with the program during this period, please state the reason and date:

☐ Employee did **not** pass bar examination and left the program, effective (date).
☐ Employee left program by his/her choice, effective (date).
☐ Employee left program by attorney's choice, effective (date).

Language: English: US

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For each certification, click the button next to the statement that most accurately fits the specified condition. Please make selections for both of these certifications.

Adobe Sign

Participant, Test ED certification form for 2019 1st (Spring) check ...

Alternative actions ▾

Next required field 4

Instructions:
In order for the first disbursement of the FY 2019 LSC-LRAP loan to be made, this form must be completed by the Executive Director of the LSC grantee program at which the Participating Attorney is employed (or by the Executive Director's designee). A separate form is required for *each* attorney who is receiving LSC LRAP assistance in FY 2019.
Be sure to date this form! Once the form has been completed, it should be returned to the participating attorney for submittal to LSC.

Participating Attorney (PA) Name: **Test Participant**
LSC-Grantee (Program) Name: Maryland Legal Aid - 321016

CHECK ALL APPLICABLE BOXES:

☒ The PA named above is currently an employee of the grantee program and is **in good standing** with the program.
☐ The PA named above is currently an employee of the grantee program, but is **not in good standing** with the program.

☐ The PA named above remained in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.
☐ The PA named above did **not** remain in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.
If the Participating Attorney named above is **no** longer employed with the program or did **not** remain in good standing with the program during this period, please state the reason and date:

☐ Employee did **not** pass bar examination and left the program, effective (date).
☐ Employee left program by his/her choice, effective (date).
☐ Employee left program by attorney's choice, effective (date).

Language: English: US

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In the event the attorney participant is not in good standing or you deem it necessary to provide further details on your certification selections, there are additional selections (optional) and a comment field below the two certification fields for added detail.

Adobe Sign

Participant, Test ED certification form for 2019 1st (Spring) check ...

Alternative actions ▾

Next required field 4

Select if applicable

Next

☐ The PA named above is currently an employee of the grantee program and is in good standing with the program.

☐ The PA named above is currently an employee of the grantee program, but is *not* in good standing with the program.

☐ The PA named above remained in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

☐ The PA named above did *not* remain in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

If the Participating Attorney named above is *no* longer employed with the program or did *not* remain in good standing with the program during this period, please state the reason and date:

☐ Employee did ~~not~~ pass bar examination and left the program, effective _____ (date).

☐ Employee left program by his/her choice, effective _____ (date).

☐ Employee left program by program's choice, effective _____ (date).

☐ Other, please describe.

I certify that the above information is true to the best of my information and belief.

Executive Director or designee (PRINT NAME)

Title

Click here to sign

Date

Signature

Saved

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Adobe Sign

Participant, Test ED certification form for 2019 1st (Spring) check ...

Alternative actions ▾

Next required field 4

Next

☐ The PA named above is currently an employee of the grantee program and is in good standing with the program.

☐ The PA named above is currently an employee of the grantee program, but is *not* in good standing with the program.

☐ The PA named above remained in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

☐ The PA named above did *not* remain in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

If the Participating Attorney named above is *no* longer employed with the program or did *not* remain in good standing with the program during this period, please state the reason and date:

☐ Employee did ~~not~~ pass bar examination and left the program, effective _____ (date).

☐ Employee left program by his/her choice, effective _____ (date).

☐ Employee left program by program's choice, effective _____ (date).

☐ Other, please describe. Enter other explanation

Test Explanation

I certify that the above information is true to the best of my information and belief.

Executive Director or designee (PRINT NAME)

Title

Click here to sign

Date

Signature

Saving...

Language English: US

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Next, at the bottom of the form, you are prompted to provide your personal information. Click on the fields for your printed name, printed title, and the date. Enter the corresponding information for each of those fields accordingly.

Adobe Sign

Participant, Test ED certification form for 2019 1st (Spring) check ...

Alternative actions ▾

Next required field 1

* The PA named above is currently an employee of the grantee program and is in good standing with the program.

* The PA named above is currently an employee of the grantee program, but is *not* in good standing with the program.

* The PA named above remained in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

* The PA named above did *not* remain in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

If the Participating Attorney named above is *no* longer employed with the program or did *not* remain in good standing with the program during this period, please state the reason and date:

* Employee did *not* pass bar examination and left the program, effective _____ (date).

* Employee left program by his/her choice, effective _____ (date).

* Employee left program by program's choice, effective _____ (date).

* Other, please describe.

Test Explanation

I certify that the above information is true to the best of my information and belief.

* ED's Printed Name
Executive Director or designee (PRINT NAME)

* ED's Printed Title
Title

* Click here to sign

* 03/25/2019
Date

Signature

Next

Saved

Language English: US

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When you have completed entering your personal information and reviewed the form for accuracy, click on the Signature field to sign the document.

Adobe Sign

Participant, Test ED certification form for 2019 1st (Spring) check ...

Alternative actions ▾

Next required field 1

* The PA named above is currently an employee of the grantee program and is in good standing with the program.

* The PA named above is currently an employee of the grantee program, but is *not* in good standing with the program.

* The PA named above remained in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

* The PA named above did *not* remain in good standing with the program during the entire period from October 1, 2018 through March 31, 2019.

If the Participating Attorney named above is *no* longer employed with the program or did *not* remain in good standing with the program during this period, please state the reason and date:

* Employee did *not* pass bar examination and left the program, effective _____ (date).

* Employee left program by his/her choice, effective _____ (date).

* Employee left program by program's choice, effective _____ (date).

* Other, please describe.

Test Explanation

I certify that the above information is true to the best of my information and belief.

* ED's Printed Name
Executive Director or designee (PRINT NAME)

* ED's Printed Title
Title

* Click here to sign

* 03/25/2019
Date

Signature

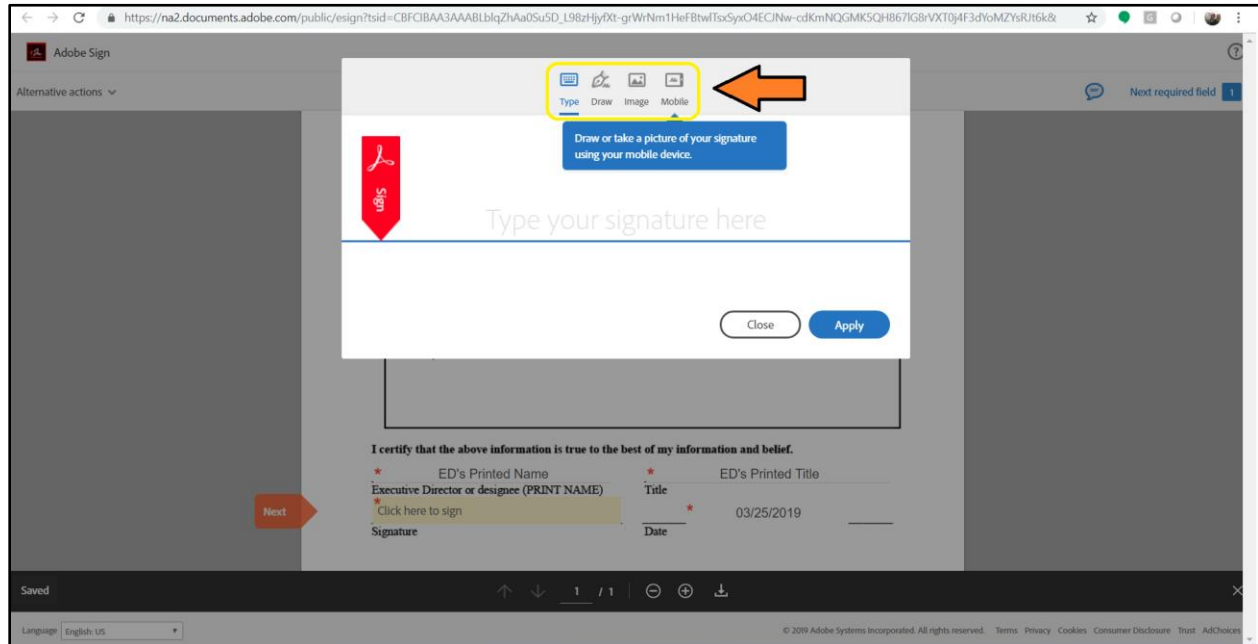
Next

Saved

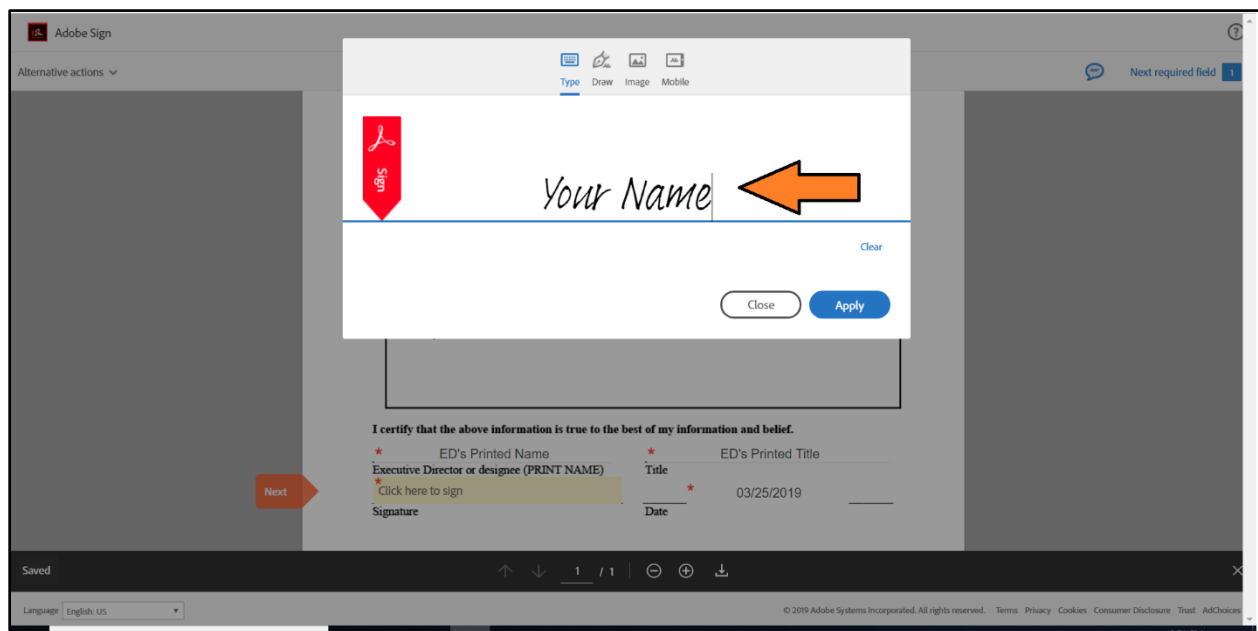
Language English: US

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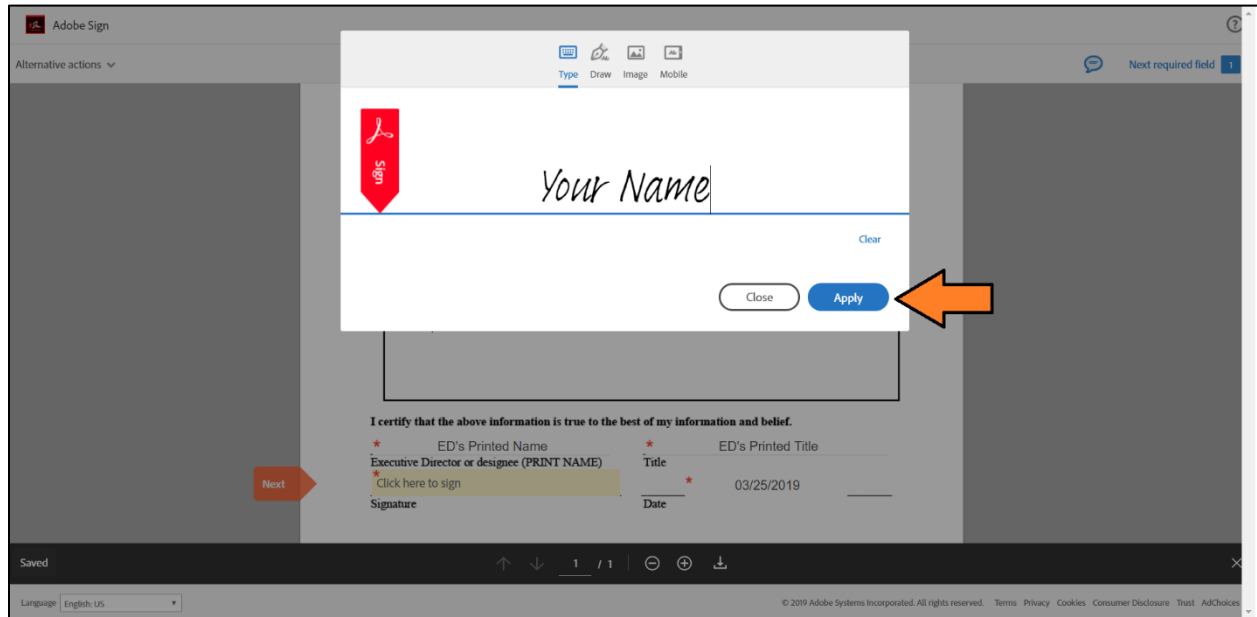
When you click on the signature field, you will be presented with the following:



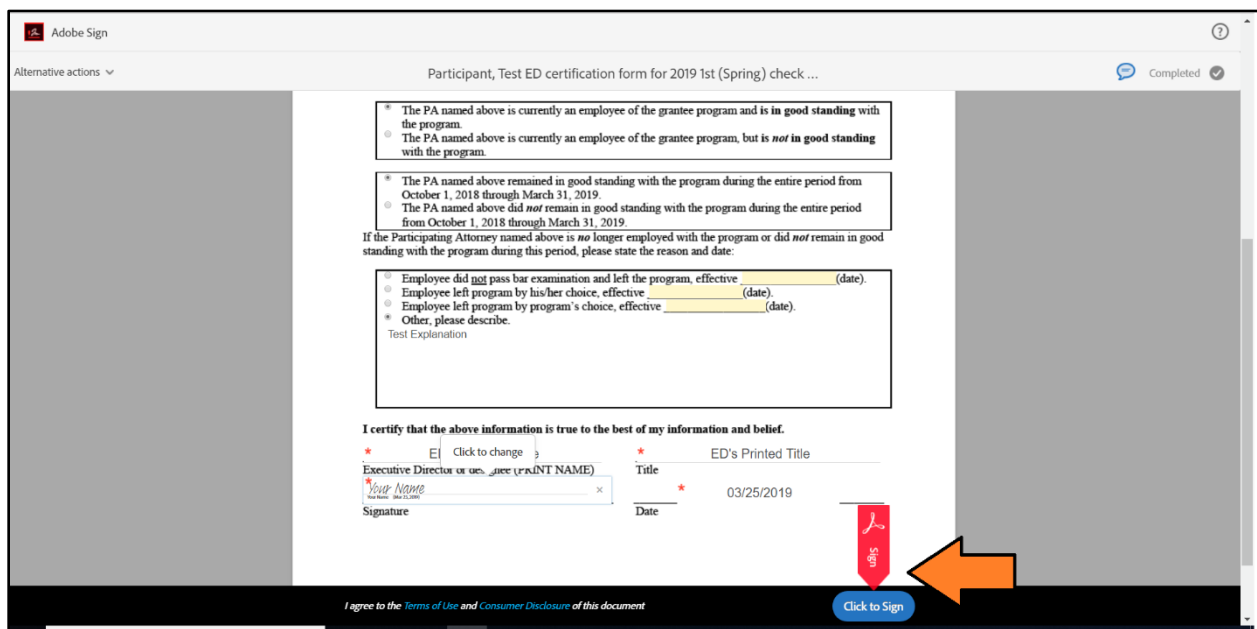
There are multiple options for completing the e-Sign request; TYPE, DRAW, IMAGE and MOBILE. For those not familiar with Adobe e-Sign requests, we recommend the TYPE option, but please feel free to use any of these options. To complete the process with the TYPE option, simply click in the signature field under the TYPE selection and type out your name.



When finished, click the APPLY button in the bottom right.



Once you've applied your signature, you must submit the document by clicking the "Click to Sign" button at the bottom as shown below.



You will then receive a verification that the executive director certification form has been successfully signed and returned to the LRAP Coordinator. We encourage you to use the “Download a copy” option to keep a copy for your records.

