

Department of Workforce Services Refugee Capacity Building 2020 Grant Application Cover Sheet

ORGANIZATION

Organization: _____

EIN #: _____

Total Grant Funds Requested in this application: \$_____ (This needs to match the total on Appendix A – Budget)

Check the level the program proposes to offer: Level One Level Two Level Three

Check the forms you are including in this application*:

Copy of Charitable Permit (Mandatory) Copy of 501c(3) Letter (Mandatory for Level 3)

***Note: Organizations who do not include a Charitable Permit, a copy of the 501(c)(3) (for Level 3), and whose board is not comprised of 51% refugees or former refugees will not be considered.**

Board President or equivalent (person authorized to sign grant application and/or an awarded contract):

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

By signing I certify that all information provided in this grant application is complete and accurate.

BOARD OF DIRECTORS

Is over half of your board comprised of refugees or former refugees?

Yes

No

| Name | Position on the Board | Refugee/Former Refugee? (check) | |
|------|-----------------------|------------------------------------|-----------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |