# Appendix C

## Level One Application

# Department of Workforce Services – Refugee Capacity Building 2020 Level One Application

#### **Organization**:

NOTE: Every program must have included Appendix D: Work Plan, Goals, and Outcomes

Section A: Program Services - Please select the service that will be provided under this grant (Check box that applies for the proposed program)

Check the service the program will offer:

#### Program One

#### (check <u>only one</u> category)

- □ Language Learning
- □Employment Training and Referrals
- □ Youth Development
- □ Computer and Technology Training
- □ Life Skills

#### **Additional Services**

- (Choose, if any)
- □ Sports
- □ Home Visits
- □ Cultural Preservation
- □ Board Development
- □ Dance
- □ Yoga
- □ Cultural and/or Community Events

Section B: Grant Application Narrative for Program One			
Directions: Narrative must be in the default size, font, and spacing provided. Additional narrative			
attachments are not allowed.			
1. <u>COMMUNITY NEED</u>			
Provide a detailed explanation of the need within your community that your program will address.			
<ol> <li><u>PROGRAM DESCRIPTION</u></li> <li>Please provide a detailed description of the program that will address the need stated above.</li> </ol>			
Please provide a detailed description of the program that will address the need stated above.			

3. <u>TARGET POPULATION</u> a. What is your target population?
a. What is your target population?
b. What experience do you have working with your target population?
c. How will you attract and maintain these participants?

4.	ORGANIZATIONAL CAPACITY
	a. What challenges do you think you and/or your target population might face implementing the
	program? (i.e. transportation, childcare, recruitment)
	b. What are your ideas for overcoming these challenges?
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	c. What resources and partnerships do you have to support this program?

	<ol> <li>PROGRAM COORDINATOR List information for the person who is in charge of running this program.</li> </ol>		
Name	Phone Number	Email Address	
APPLICATION ATTACHMENTS			
1. Copy of Charitable Permit (mandatory)			

# Appendix D Work Plan, Goals, and Outcomes

### NOTE: Every program must have this form included

WORK PLAN			
Program Goal(s) What will you accomplish? (Example: Reduce high school dropouts; encourage higher education)			
Workshop Topics List topics that your program will cover.			
Total Number of Workshops			
Where will your workshops take place?			
Number of Participants per Workshop			
Program Outcomes - must be numbers What result(s) will indicate you have accomplished your goal(s)?	1.       2.		
(Example: 10 participants applied and approved for scholarships; 5 participants accepted to college; 60% of unemployed participants got a job)	3.		