Appendix C
Level Two Application

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

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 <u>FOR PROGRAM SERVICE ONE</u> **under this grant** (Check boxes that apply for the proposed program)

Check the first service the program proposes to 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 Level Three, Program One
Directions: Narrative must be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

1. COMMUNITY NEED
    Provide a detailed explanation of the need within your community that your program will address.

2. PROGRAM DESCRIPTION
    Please provide a detailed description of the program that will address the need stated above.

3. 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?

c. What resources and partnerships do you have to support this program?

5. PROGRAM COORDINATOR List information for the person who is in charge of running this program.		
Name	**Phone Number**	**Email Address**

APPLICATION ATTACHMENTS
1.   **Copy of Charitable Permit (mandatory)** 2.   **Copy of 501(c)(3) Letter** - If applicable for Level One and Two, **Mandatory for Level Three**
CONTINUE ONLY IF YOU ARE APPLYING FOR ADDITIONAL PROGRAMS

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)? *(Example: 10 participants applied and approved for scholarships; 5 participants accepted to college; 60% of unemployed participants got a job)*	1. 2. 3.

Appendix C
Level Two Application

Department of Workforce Services – Refugee Capacity Building 2020 Level Two Application – Program Two
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 FOR PROGRAM SERVICE TWO, IF ANY under this grant** (Check boxes that apply for the proposed program)

Check the second service the program proposes to offer.
> **Program Two (if applicable)**
> **(check only one 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 Level Three, Program Two

6. COMMUNITY NEED
   Provide a detailed explanation of the need within your community that your program will address.

7. PROGRAM DESCRIPTION
   Please provide a detailed description of the program that will address the need stated above.

8. 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?

9. 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?

c. What resources and partnerships do you have to support this program?

10. **PROGRAM COORDINATOR** List information for the person who is in charge of running this program.		
Name	**Phone Number**	**Email Address**

APPLICATION ATTACHMENTS
1. **Copy of Charitable Permit (mandatory)**
2. **Copy of 501(c)(3) Letter** - If applicable for Level One and Two, **Mandatory for Level Three**

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)*	
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	2.
	3.