

Department of Workforce Services – Refugee Capacity Building 2017 Grant Application Cover Sheet

ORGANIZATION

Organization Name : _____

EIN #: _____

This organization is doing business as: (check all that apply)

- EIN
- Charitable Permit
- Non-Profit Organization (attach 501(c)(3) letter and charitable permit)

1. Select **ONE** funding option:

Option One:

- i. Program funding from November 1, 2016 – June 30, 2017
- ii. Maximum award amount \$15,000

Option Two:

- i. Program funding from November 1, 2016 – February 28, 2017 with an **OPTION** to renew until June 30, 2017 for successful programs.
 - 1. \$5,000 maximum award per project
 - 2. Up to three projects may apply for funding (separate application is required for each project).

Total Grant Funds Requested: \$ _____

PERSON AUTHORIZED TO SIGN A GRANT APPLICATION AND AWARDED CONTRACT

Name: _____ Position: _____

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

Phone: _____ Email: _____

Signature: _____ **Date:** _____

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

PROGRAM CONTACT (IF DIFFERENT FROM ABOVE)

Name: _____ Position: _____

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

Telephone: _____ Email: _____

Program Information

The program is (please check ONE):

- A new program
- A continuing program

**Department of Workforce Services – Refugee Capacity Building 2017
Grant Application Narrative**

Directions: **One program per application.** Use separate application and budget for up to 3 programs.

1. PROGRAM OVERVIEW

Provide a program description. What is the program? Why is it needed in the community?
Where will the program take place?

2. PROGRAM SERVICES and DETAIL

How will the program improve the lives of the participants? What will participants learn from the program?

3. PROGRAM TIMELINE

Describe how the program will be implemented on a month to month basis, please include planning time.

Month	Describe major activities to be conducted this month.	Estimated Expense
November 2016		
December 2016		
January 2017		
February 2017		
March 2017		
April 2017		
May 2017		
June 2017		

4. TARGET COMMUNITY

Describe who the program will serve (women, youth, elderly, etc.)? How many people will be served? Explain how the community will learn about and attend the program.

5. OUTCOMES and EVALUATION

Describe the outcomes of the program: What are the outcomes, how will you measure them? Explain how community feedback will be used to improve the program.

6. LEADERS

List information for people who are responsible for running the program.

Name	Phone Number	Email Address

APPLICATION ATTACHMENTS

- I. **Copy of 501(c)(3) Letter-** If applicable.
- II. **Copy of Charitable Permit –** If applicable.
- III. **Copy of EIN –** If applicable.