

Department of Workforce Services - Extended Case Management for Refugees Grant Application Cover Sheet

ORGANIZATION INFORMATION

Organization: _____

Federal Tax ID #: _____ DUNS #: _____

This organization is doing business as: Individual/Sole Proprietor For-Profit Corporation

Non-Profit Organization (attach 501(c)(3) letter) Government Agency

Total Grant Funds Requested (4 years): _____

Executive Director 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.

GRANT ADMINISTRATOR (if different from above)

Name: _____ Position: _____

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

Phone: _____ Email: _____

FINANCIAL ADMINISTRATOR

Name: _____ Position: _____

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

Telephone: _____ Email: _____

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PROGRAM SERVICES - Check all services the program will provide.

- Extended Case Management for Utah Arrivals (ECM-UA):** Services are rendered, up to 24 months after arrival, to refugees who were resettled to Utah by one of the resettlement agencies.
- Extended Case Management for Second Migrants (ECM-SM):** Services are rendered to refugees who were resettled to another state and are current Utah residents. Services are provided up to 24 months after arrival to the U.S.

ESTIMATED CASELOAD(S) – Estimate the total caseload served each year.

	Year One	Year Two	Year Three	Year Four
ECM - UA				
ECM - SM				
TOTAL				

GEOGRAPHIC LOCATION (Check all boxes that apply for proposed program)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Beaver County | <input type="checkbox"/> Emery County | <input type="checkbox"/> Morgan County | <input type="checkbox"/> Summit County |
| <input type="checkbox"/> Box Elder County | <input type="checkbox"/> Garfield County | <input type="checkbox"/> Piute County | <input type="checkbox"/> Tooele County |
| <input type="checkbox"/> Cache County | <input type="checkbox"/> Grand County | <input type="checkbox"/> Rich County | <input type="checkbox"/> Uintah County |
| <input type="checkbox"/> Carbon County | <input type="checkbox"/> Iron County | <input type="checkbox"/> San Juan County | <input type="checkbox"/> Utah County |
| <input type="checkbox"/> Davis County | <input type="checkbox"/> Juab County | <input type="checkbox"/> Salt Lake County | <input type="checkbox"/> Wasatch County |
| <input type="checkbox"/> Daggett County | <input type="checkbox"/> Kane County | <input type="checkbox"/> Sanpete County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Duchesne County | <input type="checkbox"/> Millard County | <input type="checkbox"/> Sevier County | <input type="checkbox"/> Wayne County |
| | | | <input type="checkbox"/> Weber County |

**Department of Workforce Services - Extended Case Management for Refugees
Grant Application Narrative**

Organization:

Directions: Narrative **must** be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

ORGANIZATION OVERVIEW

1. Provide an overview of your organization and describe how the services you offer improve the lives of refugees and other vulnerable, high risk populations.

Empty text area for providing an overview of the organization and describing how services improve the lives of refugees and other vulnerable, high risk populations.

PROGRAM SERVICES

2. Describe which service category you are applying for (ECM-UA and/or ECM-SM) and how your organization provides case management services. Provide details of your case management model.

TARGET POPULATION

3. Using data, describe the needs of the refugee community and how case management services will improve refugees' self-sufficiency, integration and economic stability.

4. Describe how your organization will reach out to refugees and enroll them in extended case management services. Provide an estimated number of cases you anticipate serving the next four years beginning January 2016. Also provide a description of the refugee groups most likely to be served through your case management services and how they will be referred to your organization. Include any outreach efforts you currently have in place.

STAFF QUALIFICATION

- 5. Summarize the job description of staff that provide case management services. Describe position requirements including but not limited to: experience, qualifications, licenses, and certifications.

COLLABORATION

- 6. Describe your collaboration with other organizations such as, but not limited to, general service providers, refugee providers, and refugee community based organizations.

MEASUREMENT AND OUTCOMES

7. Describe the outcomes your organization has achieved in terms of transitioning families to sustainable employment and/or self-sufficiency through case management services.

8. Describe the types of assessments or measurement tools you intend to use that will demonstrate the impact of case management services on refugees.

DATA COLLECTION

9. Provide details and examples on how your organization currently collects data and how data is used to inform service delivery and program improvements.

10. Grantees will work collaboratively with DWS to improve outcomes for refugees and data sharing agreements will be developed to coordinate services and collect data. Identify ways in which your organization will meet this requirement. Describe innovative strategies or experiences your organization can contribute to community-based collaboration on outcomes for refugees.

CUSTOMER FEEDBACK

11. Provide evidence of the ways your agency has obtained customer feedback and give examples as to how this feedback has been used to improve services.

APPLICATION ATTACHMENTS

- I. **Collaboration Letter(s)** - Attach letter(s) from outside collaborative agency/entity(s) referenced in question 6 (Collaboration). The letter(s) should provide a brief description of how your agencies work together.

- II. **501(c)(3) Letter**- If applicable.

- III. **Negotiated Indirect Cost Rate Agreement** - If applicable.