### **PLEASE NOTE: THIS IS ONLY A TEMPLATE TO ASSIST YOU IN COMPLETING THE ONLINE APPLICATION.** [APPLICATIONS MUST BE SUBMITTED ONLINE](https://survey.alchemer.com/s3/8385640/RSI-CBO-25-26). **THIS WORD DOCUMENT WILL NOT BE ACCEPTED.**

### If you start the online application and would like to save your work to complete later, select "Save and continue later" at the top right of your screen starting on the second page. Follow the prompts and review the instructions carefully. You must supply an email address to save your progress. A unique link will be emailed to you that will allow you to return to your application where you left off. Please check your spam folder if you cannot find it.

### *Information in red italics are additional instructions for your convenience.*

### Information in Black is required for your application.

## SECTION 1: CONTACT INFORMATION

### Organization Details

Organization Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### County\*

( ) Adams County, WA

( ) Asotin County, WA

( ) Benton County, WA

( ) Chelan County, WA

( ) Clallam County, WA

( ) Clark County, WA

( ) Columbia County, WA

( ) Cowlitz County, WA

( ) Douglas County, WA

( ) Ferry County, WA

( ) Franklin County, WA

( ) Garfield County, WA

( ) Grant County, WA

( ) Grays Harbor County, WA

( ) Island County, WA

( ) Jefferson County, WA

( ) King County, WA

( ) Kitsap County, WA

( ) Kittitas County, WA

( ) Klickitat County, WA

( ) Lewis County, WA

( ) Lincoln County, WA

( ) Mason County, WA

( ) Okanogan County, WA

( ) Pacific County, WA

( ) Pend Oreille County, WA

( ) Pierce County, WA

( ) San Juan County, WA

( ) Skagit County, WA

( ) Skamania County, WA

( ) Snohomish County, WA

( ) Spokane County, WA

( ) Stevens County, WA

( ) Thurston County, WA

( ) Wahkiakum County, WA

( ) Walla Walla County, WA

( ) Whatcom County, WA

( ) Whitman County, WA

( ) Yakima County, WA

### Primary Contact\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (XXX) XXX-XXXX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *We request information for the Contract Signer and Financial Contact, as they are often different from the Main Contact. If it is the same person, you only need to enter info for “Primary Contact.”*

### Contract Signer (If different from Main Contact)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Financial Contact (If different from Main Contact)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION 2: ACTIVITY DESCRIPTION 1

### Total number of students to be served in 2025-26. \*

#### Provide estimated percentages for countries of origin for students to be served

#### Note: Estimated percentages must equal 100% \*

\_\_\_\_\_\_\_\_Percentage of Ukrainian Students to be served in 2025-2026

\_\_\_\_\_\_\_\_Percentage of Afghan Students to be served in 2025-2026

\_\_\_\_\_\_\_\_Percentage of Students from other countries (other than Ukraine and Afghanistan). Please describe below if applicable.

### If you chose in the question above some percentage students from other countries of origin (not Ukraine or Afghanistan), please write the projected countries of origin below.

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#### How many student activities will you be entering?\*

( ) 0

( ) 1

( ) 2

( ) 3

( ) 4

( ) 5

( ) 6

### Activity 1\*

a) Name of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### b) Activity Description

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#### c) Type of Activity

#### *Please choose the activity type that is most applicable. For example: If you offer STEM tutoring 2 days a week after school and will also take those students on 2 field trips, you would still choose “Literacy and STEM” for Type of Activity, as it describes how the bulk of the hours are spent.*

( ) Enrichment Activities and Field Trips

( ) Graduation & Beyond

( ) Literacy and STEM

( ) Mentoring

( ) School Readiness, Orientation, and Integration

#### d) Target Audience

Check all that apply

[ ] Elementary School Students

[ ] Middle School Students

[ ] High School Students

e) How many students will participate in this activity (estimate)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### f) Location of Activity

Check all that apply

[ ] Virtual

[ ] School Site

[ ] Organizational Site

[ ] Home

[ ] Offsite/Enrichment

How many school sites?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many organizational sites?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### g) Time of Day/Year

( ) School Day

( ) After School

( ) Weekends

( ) Evenings & Weekends

( ) Summer

( ) Other School Breaks

#### h) Program days

( ) One Time

( ) Monthly

( ) Quarterly

( ) 1 day per week

( ) 2 days per week

( ) 3 days per week

( ) 4 days per week

( ) 5 days per week

( ) Other (please specify in narrative section)

#### i) Program hours

( ) 1-2 hours per program day

( ) 3-4 hours per program day

( ) 5-6 hours per program day

( ) 7-8 hours per program day

j) Program weeks (estimated number of weeks program will be offered): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

k) Program hours per student:
How many contact hours would an individual student receive each quarter (in a 3-month time period)? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COPY & PASTE a-k ABOVE AS NEEDED FOR EACH ACTIVITY (MAX 6).*** *This section will self-populate in the online application based upon the number of activities you selected.*

*THESE ARE JUST STUDENT ACTIVITIES (parent & staff activities are in the next question).*

## SECTION 2: PARENT/STAFF ACTIVITY DESCRIPTION

*NOTE: Parent and Staff activities are optional.*

#### If applicable, provide an estimated number of parents and school staff to be served in 2025-2026. If not applicable, you can enter 0.

Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### How many activities will you be entering?\*

( ) 0

( ) 1

( ) 2

( ) 3

#### Parent & Staff Activities

#### *You will see questions B and C below as drop downs with the text below each as the options. Note that you can only pick one options for each question. For example, for “Frequency” you would choose either weekly, monthly, quarterly OR annually for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **a) Activity Name** | **b) Type of Activity** | **c) Frequency** |
|  |  | **Parent Orientation to Schools** | **Parent Workshops** | **Parent School Navigation** | **Staff Professional Development** | **Weekly** | **Monthly** | **Quarterly** | **Annually** |
| Activity 1 | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| Activity 2 | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |
| Activity 3 | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ |

## SECTION 3: NARRATIVE

*Section 3 is the place to share more detailed descriptions and explanations. Please read all of the bulleted narrative prompts and respond appropriately to all prompts.*

### 1A. STUDENT NEEDS \*

* Describe the refugee student population to be served.
* How did you determine the number of refugee students to be served?
* What are the specific academic and social adjustment needs that you plan to address?
* What other refugee student needs will your project address?

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### 1B. PARENT / STAFF NEEDS (If proposing parent and/or staff activities)

* What are the specific parent and/or school staff/school systems needs that you plan to address?

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### 2A. PROJECT DESCRIPTION \*

* Describe your full project.

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### 2B. PROJECT RATIONALE\*

* What is your rationale for proposing this project?
* How will your proposed project address the needs identified above?

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### 3A. IMPLEMENTATION PLAN\*

* How will services be implemented?
* How will the project be staffed?

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### 3B. IMPLEMENTATION OUTREACH\*

* How will you identify and conduct outreach to eligible participants?

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### 3C. IMPLEMENTATION ELIGIBILTY DOCUMENTS \*

* For the various student and parent activities (in-person, virtual, hybrid), how will you collect immigration documentation?
	+ Provide a detailed description and specify the approach(es) to be used for each activity you proposed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## SECTION 4: OUTCOMES AND EVALUATION

#### Do you intend to use one of our suggested measures from the [Outcomes Measures Warehouse and Guide](http://surveygizmolibrary.s3.amazonaws.com/library/717844/SOWAOutcomesWarehouse_7_10_2024.docx), or do you intend to suggest your own?\*

( ) Use a Suggested Measure

( ) Suggest Your Own

***If you choose “Use a Suggested Measure” you will be prompted to choose from the options in Outcomes Measures Warehouse and Guide (linked above).*** *You will be asked to select the Category of the outcome (Academic Support Outcomes and Measures, School and Social Integration Outcomes and Measures, Social Emotional Learning (SEL) Outcomes and Measures). You will then be asked to select the Outcome and the Target Audience (Elementary, Middle/High, Parent/Caregiver, or K-12). Then, you will be asked to choose your Measure. For assistance, please reference the Outcomes Measures Warehouse and Guide (linked at the beginning of this section).*

#### ****Target Audience*****Answer only if you chose “Suggest Your Own” in the question above*

#### (Check all that apply) Who is your intended target audience for measuring the outcome (i.e., who are you going to ask questions to determine if the outcome is met)?

[ ] Parent/Caregiver

[ ] Elementary School Students

[ ] Middle/High School Students

### ****Write in your own measure****

### *Answer only if you chose “Suggest Your Own” in the question above*

### How do you intend to measure your chosen outcome (traditional survey, movement survey, interviews, etc.)?

### What question do you intend to ask?\*

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*Answer the questions below regardless of which option you chose at the beginning of this section.*

### How is the outcome you chose meaningful for the students who will participate in your program? \*

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### Please answer the following questions as applicable to describe how you will measure the chosen outcome in more detail.

### Will you translate or do data collection in languages other than English? If yes, in which languages?

### Will you measure once at the end of the program or multiple times? If multiple times, how many times?

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### When do you intend to start data collection? (a rough estimate is fine; if only collecting once, start and end date can be the same)\*

Date format is MM/DD/YYYY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### When do you intend to end data collection? (a rough estimate is fine; if only collecting once, start and end date can be the same)\*

Date format is MM/DD/YYYY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### ****Based on the type of measurement you are going to use, answer the questions.********For Surveys (traditional and non-traditional):****

### If you are using a traditional survey, do you intend to use paper or a digital survey?

### If surveying students, will you ask students to complete the survey during the program? If not, when?

### If survey parents/caregivers, how do you plan to ask them to complete the survey? When and how long will they have to complete the survey?

### ****For Non-Survey methods (interviews, focus groups, etc.):****

### Will you ask all of your target audience to participate in the evaluation process, or will you only aim to include a subset of the target population? If the latter, please describe how you will determine the subset of the population to be included in your evaluation process.

### How will you analyze your data and determine if the outcome has been met?

### Describe any logistics around the collection of evaluation data that has not already been entered on this page.

### What benefit do you believe there is to be gained by using your chosen method?

### \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### ****For Surveys (traditional and non-traditional):****

### If you are using a traditional survey, do you intend to use paper or a digital survey?

### If surveying students, will you ask students to complete the survey during the program? If not, when?

### If survey parents/caregivers, how do you plan to ask them to complete the survey? When and how long will they have to complete the survey?

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## SECTION 5: BUDGET

#### Budget\*

If a category is not applicable, leave it blank.

Provide estimated project expenses.

\_\_\_\_\_\_\_\_Salary, Wages & Benefits

\_\_\_\_\_\_\_\_Rent

\_\_\_\_\_\_\_\_Utilities

\_\_\_\_\_\_\_\_Equipment

\_\_\_\_\_\_\_\_Printing

\_\_\_\_\_\_\_\_Supplies

\_\_\_\_\_\_\_\_Food

\_\_\_\_\_\_\_\_Travel

\_\_\_\_\_\_\_\_Insurance

\_\_\_\_\_\_\_\_Phone/Fax

\_\_\_\_\_\_\_\_Professional & Contractor Fees

\_\_\_\_\_\_\_\_Information Technology & Website Fees

\_\_\_\_\_\_\_\_Professional Development & Training

\_\_\_\_\_\_\_\_Other (specify in question 4c below)

\_\_\_\_\_\_\_\_Administrative/Indirect Costs (limited to 15% or your organization’s federally approved indirect rate multiplied by the total)

### The Indirect Rate applied to this grant is: \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let us know what indirect rate you are choosing to apply. If you do not have a federally approved rate that’s higher than 15%, be sure the rate you choose is lower than 15%. If you do have a higher federally approved rate, you can use that amount, but you will need to provide your NICRA if funded.*

#### Does your organization have a federally approved indirect rate? \*

( ) Yes. We will provide the Negotiated Indirect Cost Rate Agreement (NICRA) if funded

( ) No. We do not have a federally approved indirect rate.

### 4A. BUDGET JUSTIFICATION\*

* Please justify your budget by explaining the relationship between the budget line items and the proposed activities.
* Discuss the necessity and reasonableness of the proposed costs.

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### 4B. STAFFING\*

* Provide below information **for each position that will be allocated to these funds:**
	+ Title of the position
		- If the position is already filled, include the name of the person
	+ Brief explanation of the key responsibilities
	+ The full-time equivalent (FTE) that will be allocated to this grant

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### 4C. OTHER CATEGORY EXPLANATION

* If you are requesting funds for Other, please explain in detail

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*Once you have reviewed your application, proceed to the last step. The attestation in the online application should be completed by the Main Contact or Person authorized to sign on behalf of the organization.*

## SECTION 5: ATTESTATION

### *I attest that I have reviewed this entire grant proposal (Contact Information, Activity, Narrative, Data & Outcomes, Budget) and that all of the information provided in this proposal is true and accurate to the best of my knowledge.* \*

Name:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLICK SUBMIT!**

**You will receive a confirmation email with a PDF version of your application and attestation. Please check your spam folder if you do not see it.**

**REMINDER: THIS IS ONLY A TEMPLATE TO ASSIST YOU IN COMPLETING THE ONLINE APPLICATION.** [APPLICATIONS MUST BE SUBMITTED ONLINE](https://survey.alchemer.com/s3/8385640/RSI-CBO-25-26). **THIS WORD DOCUMENT WILL NOT BE ACCEPTED.**