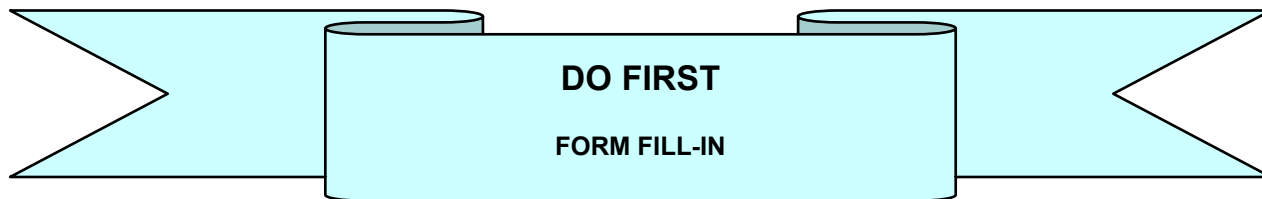


APPENDIX B

THIS FORM MAY NOT BE REPLICATED



The following information are linked throughout the forms package:

DISTRICT (Grantee): Please Select District

COLLEGE:

PROJECT:

FISCAL YEAR: 2019/20

RFA NUMBER:

FUNDING SOURCE: General Fund

PROJECT BUDGET: \$

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

FISCAL YEAR: **2019/20** (e.g. 2014/15)

RFA NUMBER: **19-300-001** (xx-xxx)

PROJECT: **Strong Workforce Program (SWP) - Refugee Career Pathways Grant Program**

FUNDING SOURCE: **General Fund**

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

COLLEGE: 0.0

RFA NUMBER: 19-300-001

CONTACT PAGE

District:	_____		
Address:	_____		
City:	_____	State: <u>CA</u>	Zip: _____

District Superintendent/President <i>(or authorized designee)</i>			
Name:	_____	Phone:	_____
Title:	_____	Fax:	_____
E-mail Address:	_____		

Responsible Administrator <i>(Should not be the same as Project Director)</i>			
Name:	_____	Phone:	_____
Title:	_____	Fax:	_____
E-mail Address:	_____		

Project Director <i>(Person responsible for conducting the daily operation of the grant)</i>			
Name:	_____	Phone:	_____
Title:	_____	Fax:	_____
E-mail Address:	_____		

Person Responsible for Data Entry			
Name:	_____	Phone:	_____
Title:	_____	Fax:	_____
E-mail Address:	_____		

District Chief Business Officer <i>(or authorized designee)</i>			
Name:	_____	Phone:	_____
Title:	_____	Fax:	_____
E-mail Address:	_____		

Person Responsible for Budget Certification			
Name:	_____	Phone:	_____
Title:	_____	Fax:	_____
E-mail Address:	_____		

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	PROJECT BUDGET	
		\$	5,000,000
1000		\$	-
		\$	-
		\$	-
		\$	-
2000		\$	-
		\$	-
		\$	-
		\$	-
3000	Employee Benefits	\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
4000	Supplies and Materials	\$	-
		\$	-
		\$	-
		\$	-

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	PROJECT BUDGET	
		\$	5,000,000
		\$	-
		\$	-
		\$	-

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	PROJECT BUDGET	
		\$	5,000,000
5000	Other Operating Expenses and Services	\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		6000	Capital Outlay
		\$	-
7000	Other Outgo	\$	-
TOTAL DIRECT COSTS:		\$	0
TOTAL INDIRECT COSTS (N/A) (14% of Direct Costs)		\$	0

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	PROJECT BUDGET
		\$ 5,000,000
TOTAL INDIRECT COSTS (Not to exceed 4% of Direct Costs):		
TOTAL COSTS:		\$ 0

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: 0.0

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	FUNDS REQUESTED	
		\$	5,000,000
1000	1100 Academic Salaries, Instructional, Contract or Regular Status Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
	1200 Academic Salaries, Noninstructional, Contract or Regular Status Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
	1300 Instructional Salaries Other, Adjunct or Part-time Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
	1400 Non-Instructional Salaries, Other Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
2000	2100 Classified Salaries, Noninstructional (Regular, Full-time) Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
	2200 Instructional Aides, Regular Status (Regular, Full-time) Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
	2300 Classified Salaries, Noninstructional (Non-Regular) Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
	2400 Instructional Aides Salaries (Non-Regular) Name/Classification (Days/hours) x (Daily/hourly rate) = \$	\$	-
3000	Employee Benefits Name / Position Title / Percentage Rate for Benefits Name / Position Title / Percentage Rate for Benefits	\$	-
4000	Supplies and Materials List type and costs: Software; Books, Magazines and Periodicals; Instructional Supplies and Materials; Noninstructional Supplies and Materials	\$	-
5000	Other Operating Expenses and Services Travel Travel and Mileage = \$ Conference Expenses = \$ College Dues and Membership Meetings Workshops Training Rents and Leases Postage Equipment repairs and Maintenance Consultant Services Subcontractors Contract Services: Name (daily/hourly rate); Identify specific service to be rendered	\$	-
6000	Capital Outlay List type and costs: 6400 Equipment with a purchase price of at least \$200 and a useful life of more than one year.	\$	-
7000	Other Outgo		

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: 0.0

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET DETAIL SHEET

Object of Expenditure	Classification	FUNDS REQUESTED	
		\$	
		\$	5,000,000
		\$	-
	TOTAL DIRECT COSTS:	\$	0
	TOTAL INDIRECT COSTS (Not to exceed 4% of Direct Costs):	\$	0
	TOTAL COSTS:	\$	0

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

APPLICATION BUDGET SUMMARY

NOTE: Submit details explaining the expenditures by category on the Application Budget Detail Sheet.

Object of Expenditure	Classification	Line	TOTAL PROJECT FUNDS REQUESTED	
			\$	5,000,000
1000	INSTRUCTIONAL SALARIES	1	\$	0
2000	NONINSTRUCTIONAL SALARIES	2	\$	0
3000	EMPLOYEE BENEFITS	3	\$	0
4000	SUPPLIES AND MATERIALS	4	\$	0
5000	OTHER OPERATING EXPENSES AND SERVICES	5	\$	0
6000	CAPITAL OUTLAY	6	\$	0
7000	OTHER OUTGO	7	\$	0
TOTAL DIRECT COSTS:		8	\$	0
TOTAL INDIRECT COSTS (Not to exceed 4% of Direct Costs):		9	\$	0
TOTAL COSTS:		10	\$	0

I authorize this cost proposal as the maximum amount to be claimed for this project and assure that funds shall be spent in compliance with State and Federal Regulations. I also certify the match (if required) listed above are valid match funding that is not being used as a match for another program requiring match funding and in total are equal, or greater than, the funds requested from CCCCCO.

Project Director:

Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

District Chief Business Officer (or authorized designee) :

**Board of Governors, California Community Colleges
Chancellor's Office (CCCCO)**

Name: _____ **Title:** _____
Authorized Signature: _____ **Date:** _____

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 1

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
1.1				
1.2				
1.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>1</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
1.0				

APPENDIX B
 THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 1

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
1.4				
1.5				
1.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>1</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
1.0				

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 1

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
1.7				
1.8				
1.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 1

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 2

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
2.1				
2.2				
2.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 2

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 2

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
2.4				
2.5				
2.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>2</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
 THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 2

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
2.7				
2.8				
2.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>2</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 3

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
3.1				
3.2				
3.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>3</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 3

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
3.4				
3.5				
3.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 3

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 3

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
3.7				
3.8				
3.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>3</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 4

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
4.1				
4.2				
4.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>4</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 4

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
4.4				
4.5				
4.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>4</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 4

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
4.7				
4.8				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>4</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 5

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
5.1				
5.2				
5.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 5

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 5

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
5.4				
5.5				
5.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 5

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 5

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
5.7				
5.8				
5.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 5

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 6

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
6.1				
6.2				
6.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>6</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 6

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
6.4				
6.5				
6.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 6

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
0.0				

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 6

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
6.7				
6.8				
6.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 6

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 7

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
7.1				
7.2				
7.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>7</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 7

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
7.4				
7.5				
7.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 7

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 7

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
7.7				
7.8				
7.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>7</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 8

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
8.1				
8.2				
8.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>8</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 8

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
8.4				
8.5				
8.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 8

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 8

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
8.7				
8.8				
8.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>8</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 9

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
9.1				
9.2				
9.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 9

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
 THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 9

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
9.4				
9.5				
9.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>9</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 9

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
9.7				
9.8				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 9

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 10

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
10.1				
10.2				
10.3				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>10</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: 10

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
10.4				
10.5				
10.6				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>10</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)

APPENDIX B
THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

Statement of Work (Annual Workplan)
Objectives

Objective: 10

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)
10.7				
10.8				
10.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: Refugee Career Pathways Program

DISTRICT: Please select District on 'Do First' tab.

COLLEGE: 0.0

RFA NUMBER: 19-300-001

**Statement of Work (Annual Workplan)
Objectives**

Objective: <u>10</u>

#	Activities	Performance Outcomes	Timelines	Responsible Person(s)