APPENDIX B

THIS FORM MAY NOT BE REPLICATED

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

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 CCCCO.

Project Director:

Name: _____   **Title:** _____

Authorized Signature: _____   **Date:** _____

District Chief Business Officer *(or authorized designee)* **:**

Name: _____   **Title:** _____

Authorized Signature: _____   **Date:** _____

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

DO FIRST

FORM FILL-IN

The following information are linked throughout the forms package:

DISTRICT (Grantee): | | **Please Select District**

COLLEGE:

PROJECT: Strong Workforce Program (SWP) - Refugee Career Path

FISCAL YEAR: 2019/20

RFA NUMBER: 19-300-001

FUNDING SOURCE: General Fund

PROJECT BUDGET: $ 5,000,000

APPENDIX B

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

COLLEGE: 0.0

RFA NUMBER: 19-300-001

CONTACT PAGE

District: _____

Address: _____

City: _____ State: __CA__ Zip: _____

District Superintendent/President *(or authorized designee)*

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail Address: _____

Responsible Administrator *(Should not be the same as Project Director)*

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail Address: _____

Project Director *(Person responsible for conducting the daily operation of the grant)*

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail Address: _____

Person Responsible for Data Entry

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail Address: _____

District Chief Business Officer *(or authorized designee)*

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail Address: _____

Person Responsible for Budget Certification

Name: _____ Phone: _____

Title: _____ Fax: _____

E-mail Address: _____

APPENDIX B

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

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

<u>APPENDIX B</u>

THIS FORM MAY NOT BE REPLICATED

PROJECT: **Strong Workforce Program (SWP) - Refugee Career Pathways Grant 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: **Strong Workforce Program (SWP) - Refugee Career Pathways Grant 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 (Not to exceed 4% of Direct Costs):	$ 0
	TOTAL COSTS:	$ 0

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

APPENDIX B

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

<u>APPENDIX B</u>

THIS FORM MAY NOT BE REPLICATED

PROJECT: Strong Workforce Program (SWP) - Refugee Career Pathways Grant 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**	$	-
	TOTAL DIRECT COSTS:	$	0
	TOTAL INDIRECT COSTS (Not to exceed 4% of Direct Costs):	$	0
	TOTAL COSTS:	$	0

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

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

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

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

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

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

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

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

APPENDIX B

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

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

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

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

PROJECT: **Strong Workforce Program (SWP) - Refugee Career Pathways Grant 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				
4.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

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

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

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

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

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

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

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

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

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

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

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

<u>**APPENDIX B**</u>

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

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

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

PROJECT: **Strong Workforce Program (SWP) - Refugee Career Pathways Grant 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				
9.9				

APPENDIX B

THIS FORM MAY NOT BE REPLICATED

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

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

<u>**APPENDIX B**</u>

THIS FORM MAY NOT BE REPLICATED

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

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

<u>**APPENDIX B**</u>

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