



Application / Project Name:

Your Project Name - 94377

Organization Information

Legal Name of Organization:

Office Phone:

Address:

City:

State:

Zip:

Grant Administrator:

Grant Admin Email:

Grant Admin Phone:

Amount of Project Request:

Tell Us More - Eligibility

My organization is a:

My organization and/or proposed project can be included in one of the following program areas:



Is your organization governed by a volunteer board of directors with at least 5 individuals unrelated through familial or business connections?

Is your organization or your partner organization(s) located in and/or does it serve immigrants and/or refugees in the following Southwest Florida county or counties?

Does your organization or your partner organization(s) provide immigration legal services in Southwest Florida?

What is the name of the organization providing immigration legal services?

Are you submitting a collaborative proposal?

If yes, when did this collaboration or partnership begin?

If yes, explain how your partnership will help achieve the goals of the grant.

Does the organization providing immigration legal services have Department of Justice (DOJ) recognition, with at least one DOJ accredited representative on staff AND/OR employ an attorney with immigration expertise?

Does the organization providing immigration legal services engage in unauthorized practice of immigration law?

Does the organization providing immigration legal services maintain legal malpractice insurance?

Does the organization providing immigration legal services track cases using a secure immigration case management software system?

If yes, what is the name of the secure case management software system?



Does the organization providing immigration legal services offer such services to indigent and low-income immigrants and/or refugees?

If yes, does the organization offer legal services to indigent and low-income immigrants and/or refugees for free or at low cost?

Legal Services

What is your project or or program for immigration legal services?

What are the key strategic initiatives and activities you will implement for immigration legal services?

What are the desired outcomes for immigration legal services?

In which of the following areas will your organization or your partner organization(s) provide immigration legal assistance? (Check all that apply)

Asylum, DACA, Deportation Defense, Family-Based Petition, Legal Permanent Residence, Naturalization, Special Immigration Juvenile Status, T Visa, TPS, U Visa, VAWA

Will you or your partner organization(s) supply OTHER legal services to immigrants and/or refugees?

If yes, please specify other area of immigration legal assistance:

During the most recent completed fiscal year, list the number of:

Screenings/intakes completed:

Individuals assisted with Asylum:

Applications filed for Asylum:



Individuals assisted with DACA:

Applications filed for DACA:

Individuals assisted with Deportation Defense:

Applications filed for Deportation Defense:

Individuals assisted with Family-Based Petition:

Applications filed for Family-Based Petition:

Individuals assisted with Legal Permanent Residence:

Applications filed for Legal Permanent Residence:

Individuals assisted with Naturalization:

Applications filed for Naturalization:

Individuals assisted with Special Immigrant Juvenile Status:

Applications filed for Special Immigrant Juvenile Status:

Individuals assisted with T Visa:

Applications filed for T Visa:

Individuals assisted with TPS:

Applications filed for TPS:

Individuals assisted with U Visa:

Applications filed for U Visa:

Individuals assisted with VAWA:

Applications filed for VAWA:

If OTHER immigration legal services were provided, please indicate type, number of individuals assisted, and applications filed for each. If no other services were provided, or not applicable, type N/A.

Individuals who received assistance with Fraud Prevention:

Individuals for whom a determination of "No Relief Available" was made:

Community Outreach and Education

Will your organization or your partner organization(s) provide immigration community outreach and education?

If yes, which of the following types of immigration community education and outreach activities will your organization or your partner organization(s) perform? (Check all that apply)

Presentations, Webinars, Door Knockings, Workshops

Will you or your partner organization(s) supply OTHER Community and Outreach Education services?

If yes, please specify other services:

Elaborating on the activities above, what are the key strategic initiatives you will implement for immigration community outreach and education?

What are your desired outcomes for immigration community outreach and education?

During the most recent completed fiscal year, list the number of:

Community outreach and education events held:

Participants at outreach events or engaged in outreach events:

Capacity Building

Will your organization or your partner organization(s) provide capacity building (legal services and/or technical assistance) to one or more organizations - to increase their capacity to provide high-quality, low-cost immigration legal services?

If yes, which of the following forms of immigration legal services capacity building and/or technical assistance capacity building will your organization or your partner organization(s) perform? (Check all that apply)

Hire new immigrant or refugee-serving staff, Recruit and train new legal and lay immigration volunteers, Obtain DOJ accreditation for additional staff, Provide education and technical assistance to strengthen the work of nonprofits providing immigration legal services

Will you or your partner organization(s) supply OTHER legal services capacity building and/or technical assistance capacity building services?

If yes, please specify other services:

Elaborating on the activities above, what are the key strategic initiatives you will implement for immigration legal services capacity building and/or technical assistance capacity building?

What are your desired outcomes for immigration legal services capacity building and/or technical assistance capacity building?

During the most recent completed fiscal year, list the number of:

New immigrant or refugee serving staff hired:

Total new legal and lay immigration volunteers:

Total organizations newly DOJ-recognized or in progress:

New partially DOJ-accredited individuals:

New fully DOJ-accredited individuals:

Groups for whom your organization provided technical assistance:

Advocacy and Organizing

Will your organization or your partner organization(s) provide advocacy and organizing around immigration and/or refugee issues?

If yes, which of the following forms of immigration advocacy and organizing will your organization or your partner organization(s) perform? (Check all that apply)

Advocacy or organizing training to constituents, Leadership development training to immigrants and or refugees such as public speaking and civic engagement, Immigration policies or legislative initiatives at the municipal county state or federal levels

Will you or your partner organization(s) supply OTHER advocacy or organizing services?

If yes, please specify other services:

Elaborating on the activities above, what are the key strategic initiatives you will implement for immigration advocacy and organizing?

What are your desired outcomes for immigration advocacy and organizing?

During the most recent completed fiscal year, list the number of:

Constituents trained/educated in advocacy and/or organizing:

Immigrants and/or refugees who received leadership development training:

Additional Narrative

How does your project or program address transportation barriers for program/project participants?

How does your project or program address language barriers for program/project participants?

How do you intend to sustain your project or program beyond the 2019 grant period?

Tell us how you have involved those you serve or intend to serve in the development of the project or program (e.g. surveys, focus groups, etc.).

Applicant Signature:

Date: