



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

Application for Immigration Legal Services

All applications **must** contain a narrative description that includes all the required components listed under the 'scoring criteria' section of this funding announcement. The narrative description **must** describe, in detail, how your organization and/or partner organization(s) will complete the tasks for which funding is requested. If the application is submitted in partnership with other organizations and/or entities, the application should identify a lead organization, and that organization's information should be submitted below. The application should also clearly describe each organization's role in accomplishing this statement of work. If funding is requested and not described in the narrative, it will not be considered.

Applicant Contact Information

Legal Name of the Organization:

Mailing address:

Physical address of facility (if different from mailing):

Type of Organization: Non Profit Local Government Private Entity

Tax Identification Number:

Unique Entity ID Number (UEI), required:

POC Contact Information

Full Name:

Position/Title:

Email:

Work telephone number:

Authorized Official Contact Information

Full Name:

Position/Title:

Email:

Work telephone number:

Total Amount Requested: _____
(Provide full detailed budget in your narrative, inclusive of any administrative costs)

Proposed Services

Immigration legal assistance to help newly arrived migrants with obtaining temporary protected status and/or employment authorization

For how many individuals:

Other Services:

Certification

Read each statement below and indicate such by checking the box to the left.

The application information is complete and true.

We understand this is a reimbursable grant.

-or-

We would need advance funding in the amount of _____ to complete the activities described in this application

We agree to follow all Federal, and State financial and programmatic requirements associated with the grant including submitting timely Requests for Reimbursements (RFRs) and timely Reports.

If awarded, we agree the grant funds will not supplant our existing agency budget or any other budget that we have been awarded for these activities.

We will comply with all reporting requirements of the award. We understand that failure to comply with reporting requirements may result in funding being revoked.

By signing and returning this certification, I attest I have read and agree to all statements above.

Fiscal officer:

Print Name & Title, Signature, Date

Authorized Official:

Print Name & Title, Signature, Date