**Advocacy Learning Center Application**

**Class T**

**THIS DOCUMENT IS NOT THE ACTUAL APPLICATION**

**PLEASE DO NOT SUBMIT THIS VERSION**

**USE THIS DOCUMENT FOR APPLICATION PREPARATION AND/OR TO CUT AND PASTE YOUR RESPONSE TO THE ACTUAL ON-LINE APPLICATION.**

**TO APPLY USE THE FOLLOWING ON-LINE APPLICATION LINK:** [**https://www.surveymonkey.com/r/alcappclasst**](https://www.surveymonkey.com/r/alcappclasst)

Before you complete the application please review our [HOW TO APPLY](http://praxisinternational.org/advocacy-learning-center/how-to-apply/) webpage of our website: www.praxisinternational.org

**Application Deadline:** Submit your completed on-line application by 5:00 PM Central time on Wednesday, February 17, 2021.

Please Note: Your application will not be reviewed unless all application questions are complete, and the required eligibility criterion is met. Applications will be considered based on the following criteria:

* Your program is a community-based, tribal or campus advocacy organization providing direct services to survivors of gender-based violence, or a state, tribal, territory or national coalition/network that focuses on gender-based violence (If your program fails to meet this criterion, please consider partnering with your local community-based advocacy program).
* Your program has the capacity to complete the 18-month course.
* Your program and team members are committed to reflecting on and strengthening how you and your organization does advocacy.
* Your proposed team includes a frontline advocate/crisis counselor and a manager/executive director.

If you have any questions, please feel free to send an email to [advoacy@praxisinternational.org](mailto:advoacy@praxisinternational.org).

Q1

We are applying as a:

New applicant (our organization has never been involved in the ALC prior to this application).

Extended Placement Applicant\* (our organization was previously or currently involved in the ALC in Class: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S- highlight your response).

Q2

Main Contact Person (this is the person we will primarily be in contact with regarding your application, subsidy determinations, team composition decisions...).

Name:

Email:

Phone:

Q3

Program Information

Program Name:

Street Address:

City:

State:

Zip Code:

Q4

Briefly, tell us about your advocacy program (for example: your mission, number of years your organization has been providing advocacy services, program size and structure…).

Q5

Do you consider your organization/program to be (check all that apply)?

* Primarily a dual domestic violence/sexual assault organization
* Primarily a transitional housing program
* Primarily a program for victims of prostitution or trafficking
* Primarily a program for immigrant victims
* Primarily a program for victims of abuse in later life
* Primarily a program for American Indian/Alaska Native victims

Q6

Is your primary purpose to provide advocacy in a culturally specific community or communities?

* Yes
* No

Q7

If yes, which culturally specific communities do you work with?

Q8

If no, are you in partnership with other organizations that are culturally specific?

If you are in partnership, please list those organizations:

Q9

List 3 specific reasons your organization/program would like to participate in the ALC course:



Q10

Please describe your team’s experience and comfort level with technology and remote learning.

Q11

Our organization currently:

IS or IS NOT a grantee of the Office on Violence Against Women, nor an advocacy partner to an OVW-funded project nor a STOP grant recipient.

Q12

If you are a grantee or grant partner of the U.S. Department of Justice, Office on Violence Against Women (OVW) please indicate which grant program you receive funds from:

Q13

Name and role of each proposed team member

Team Member #1:

Team Member #2:

Team Member #3:

Q 14

Please identify which proposed team member is the manager or director:

Q 15

Please identify which proposed team member is the frontline advocate:

Q16

If applying for 1 team member, please explain why this is necessary:

Q17

If your team does NOT include your executive director (or similar position) please tell us why they are not included on your team.

Q18

Does everyone on your team have access to: reliable internet, a computer with a webcam and microphone?

Q19

Team Member #1 Information

Name:

Program Name:

Role:

Email:

Phone:

Q20

Team Member #2 Information

Name:

Program Name:

Role:

Email:

Phone:

Q21

Team Member #3 Information

Name:

Program Name:

Role:

Email:

Phone:

# Organizational and Team Member Commitment Class T

Our organization and each team member understand that this course requires time, energy and resources from both the organization and each team member. If our program is selected to participate, each team member will be available to participate in each of the following:

* **5/6/21:** Class T Prep Webinar
* **5/25-5/27/21:** Class T Initial Virtual Immersion Training Event
* **6/3/21:** Begin Class T Weekly Training & Practice Labs (once a week, tentatively Thursdays, time TBD) June 2021- May 2022
* **8/3/21 & 8/5/21:** Class T Quarterly Training Institute (1)
* **11/2/21 & 11/4/21:** Class T Quarterly Training Institute (2)
* **3/1/22 & 3/3/22:** Class T Quarterly Training Institute (3)
* **5/3/22, 5/4/22 & 5/5/22:** Class T Training Symposium (tentatively in person)
* **5/26/22:** Final session

Our organization and each team member, in good faith, agree that each proposed team member will remain with the organization for the duration of the 14-month course.  
  
Our organization and each team member will use course materials to facilitate an organizational process of assessing and improving our advocacy.     
   
Our organization and each team member understand that team members will be asked to give updates to ALC staff on their reflection and adaptation process.