CFCI Care Grant

(Care First Community Investment)

Funding Opportunity – Year 5

RELEASED: July 24, 2026 9:00 AM PST

APPLICATION WALK-THROUGH WEBINARS

1. July 29, 11:00-12:00pm
2. August 6, 3:00-4:00pm
3. August 11, 6:00-7:00pm
4. August 19, 11:00-12:00pm

DUE DATE: August 24, 2026 11:59 PM PST

LOS ANGELES COUNTY
JUSTICE CARE AND OPPORTUNITIES
DEPARTMENT

CFCI Year 5 Care Grants Funding Opportunity

Background

On November 3, 2020, the voters of Los Angeles County (County) approved Measure J, which directed the County to set aside at least 10% of its locally generated unrestricted revenues to address systemic racism through direct community investment and alternatives to incarceration. While Measure J was nullified by a court action, the Board of Supervisors (Board) established an Advisory Committee and charged the committee with developing spending recommendations that aligned with the intent and purpose of Measure J, now renamed Care First Community Investment (CFCI). Under direct Board authority, the Board maintained the core Measure J policies through the creation of Care First and Community Investment programs and budget set-aside.

CFCI adheres to the spirit of Measure J and the above-mentioned budget policy by allocating at least 10% of locally generated unrestricted revenue to be invested directly into communities and alternatives to incarceration to address the impact of racial injustice — in particular within the criminal legal systems. In addition, CFCI prohibits using these funds for carceral systems and law enforcement agencies. The CFCI Programs budget policy identifies how the County will determine the amount of locally generated unrestricted revenues in the general fund (net County cost) to be set aside for CFCI programs. The County's new Justice, Care & Opportunities Department (JCOD), which was created by the Board in November 2022, is now responsible for the stewardship of CFCI. JCOD continues to follow the guidance of the Board, CFCI Advisory Committee, and Chief Executive Office in ensuring that the CFCI funding goes to those who need it most.

About the Third-Party Administrator & Year 5 Funding Opportunities

JCOD invites community-based organizations to apply for funding through the fifth round of the County's CFCI Care Grants. These grants support community-based programs that provide alternatives to incarceration and direct community investments across the County. This fifth round of CFCI Care Grant funding was approved by the Board on Dec. 9, 2025, and includes funding for thirty different Program Areas across the five CFCI Strategies. Heluna Health was selected to act as Third-Party-Administrator (TPA) to manage and distribute funds specifically for Program Areas under CFCI Funding Strategy 1 (Diversion, Bhevaioral Health & Wellness) and Strategy 4 (Housing Stability).

Strategies and Program Areas

CFCI Year 5 Care Grants are grouped into Five Strategies:

- **Strategy 1: Diversion, Behavioral Health & Wellness *(administered by Heluna Health, more details below)***
- Strategy 2: Economic Opportunity & Sustainability *(administered by United Way)*
- Strategy 3: Education Access & Youth Development *(administered by Community Partners)*
- **Strategy 4: Housing Stability *(administered by Heluna Health, more details below)***
- Strategy 5: Reentry & Community Reintegration *(administered by Community Partners)*

This solicitation is only for Program Areas administered by Heluna Health. See the table below for more information. To learn more about other CFCI strategies, please visit https://jcod.lacounty.gov.

Year FIVE Spending Plan **Contractor and Service Provider and funds must be spent by 10/31/2029**	**36-Month Minimum and Maximum Award Amounts Available**	**Total 3-year Funding Amount Available**
Creative and Healing-Centered Reentry Supports - This strategy funds programs that center healing, creative expression, and identity restoration as core elements of reentry and diversion support for justice-impacted individuals. These programs combine arts-based engagement, emotional wellness, and trauma-informed services to reduce recidivism, foster community belonging, and disrupt cycles of system involvement. Eligible programs may include—but are not limited to—structured, cohort-based interventions; restorative and anti-bias education models; and healing-centered creative experiences that engage participants in storytelling, visual arts, performance, and movement. Services should be designed to support emotional regulation, self-efficacy, and prosocial development, while also creating opportunities for connection, learning, and identity transformation. This investment includes specialized programming for justice-involved women—particularly those under probation, SCRAM/electronic monitoring, or navigating	• Minimum amount of each award: $50,000 • Max amount: $150,000	**$384,500**

court supervision—through trauma-responsive, gender-affirming supports. Programs should reduce isolation, foster peer connection, and provide life skills, holistic wellness activities, and transportation or incentives to encourage participation. In addition, programs serving individuals who have committed bias-motivated offenses (felony or misdemeanor) may offer culturally responsive diversion opportunities that interrupt hate-based behavior and foster reconciliation. This includes anti-bias education, empathy-building modules, counseling, and facilitated engagement with targeted communities. Prevention efforts targeting youth and transitional-age youth (TAY) are also encouraged. Populations served may include formerly gang-involved adults, people on felony probation, women under carceral supervision, and individuals charged with hate crimes. Programs operating at reentry hubs such as DOORS Centers, community clinics, or trusted cultural spaces are strongly encouraged.		
Mental Health Diversion and Crisis Alternatives to Incarceration - This strategy supports programs that offer diversion from jail at the earliest possible touchpoints—including arrest, arraignment, and court proceedings—for individuals experiencing mental health crises, co-occurring disorders, or substance use needs. These efforts aim to interrupt incarceration pathways by providing timely clinical evaluations, intensive case management, and connection to community-based stabilization services. Programs under this strategy may operate in partnership with the courts, law enforcement, and mental health providers to identify eligible individuals early in the legal process—especially during pretrial or arraignment—and to coordinate alternatives to custody. Interventions include same-day behavioral health assessments, onsite or virtual linkage to housing and treatment services, and clinical recommendations to judges and attorneys to inform diversion outcomes. Facilities such as walk-in crisis stabilization centers can serve as an alternative to jail or emergency rooms for individuals with acute mental	• Minimum amount of each award: $300,000 • Max amount: $1,00,000	**$5,355,000**

health needs, offering trauma-informed care, observation, and transitional services in lieu of detention. These centers should provide culturally competent, community-rooted services that address the needs of Black, Indigenous, and People of Color (BIPOC) communities—especially those disproportionately impacted by incarceration and behavioral health criminalization. Priority populations include: People with untreated or emerging mental health conditions; Individuals experiencing substance use crises or dual diagnoses; People at risk of being held pretrial due to behavioral health issues; Those eligible for mental health diversion under PC 1001.36 or similar statutes. Programs should demonstrate strong coordination with courts, public defenders, and/or clinical partners, and must prioritize stabilization, dignity, and long-term community wellness over punishment.		
Community-Based Behavioral Health & Harm Reduction Services - This strategy invests in holistic, trauma-informed behavioral health services and harm reduction models for adults impacted by the justice system—especially those living with substance use disorders (SUD), co-occurring mental health conditions, and chronic instability. These programs are rooted in trust-based, culturally competent community partnerships that meet people where they are, without judgment, and provide sustained pathways to healing and recovery. Programs may include outpatient substance use disorder treatment, psychiatric care, case management, and wraparound supports—delivered longitudinally in familiar, community-based settings such as reentry centers, drop-in clinics, or street-based outreach. Services should prioritize continuity of care, relationship-building, and client autonomy, often delivered by peer navigators, formerly incarcerated practitioners, and culturally aligned care teams. Harm reduction services—including naloxone distribution, safer use kits, and overdose prevention—should be embedded alongside pathways to more intensive care, helping to build trust and reduce mortality among people actively using	• Minimum amount of each award: $50,000 • Max amount: $250,000	**$765,000**

substances. Mobile outreach, embedded clinicians, and drop-in health hubs are encouraged to ensure geographic accessibility in high-need areas, including Skid Row, South LA, and communities with high reentry volume. Priority populations include: Individuals reentering from jail or prison with behavioral health needs; Adults experiencing chronic or active substance use; Formerly incarcerated individuals with limited access to health care; People experiencing homelessness or housing insecurity; Black, Indigenous, and other People of Color who face compounding barriers to care due to systemic inequities. Successful programs should demonstrate commitment to long-term engagement, respect for lived experience, and integration across behavioral health, housing, and justice systems.		
Housing Navigation - Housing Navigation will include programs specific to Veterans and American Indians and Alaska Natives.	• Minimum amount of each award: $100,000 • Max amount of each award: $300,000	**$836,000**
Interim Housing - Interim Housing will provide interim housing programs for all populations in addition to individuals who have experienced domestic violence	• Minimum amount of each award $300,000 • Maximum amount of each award: $1,500,000	**$4,653,000**
Permanent Housing – This concept includes permanent housing programs for LGBTQIA+ individuals.	• Minimum amount of each award $300,000 • Maximum amount of each award:	**$4,956,500**

	$2,000,000	

*Organizations are not required to address all of the service areas of the Program Area, but must address at least one or more of the required services.

† Note: Organizations may submit applications for funding higher than the maximum totals. Any requests that are higher than the annual/total amounts will be evaluated based upon funding availability. Applications within the award thresholds may be increased, reduced, not awarded, or multiple awards may be made from a single application.

Selection Process

The selection process involves the following:

- Organizations must apply through the online application portal. The link can be found at the JCOD CFCI Y5 Care Grant Website.
- All applications must be submitted along with required documentation through the online application portal. Deadline to submit is **August 24, 2026, 5:00PM PST**. Please do not wait until the last day to submit your application. Late applications will not be accepted.
- If you experience technical issues please contact HHCFCI@pgm.helunahealth.org.
- Applications will be reviewed and scored by independent reviewers using uniform scoring criteria. There is no process for appeal.
- Organizations that have never received funding from LA County, including CFCI funds or LA County Contracts will be prioritized for award.
- Organizations with annual operating budgets of less than $1,500,000 shall be prioritized for the award.
- Highest need, lowest services ZIP codes will be prioritized:
- Heluna Health will use the **Justice Equity Needs Index (JENI)** to help determine high need. You can find the JENI at the link below: https://www.catalystcalifornia.org/campaign-tools/maps-and-data/justice-equity-needindex
- Heluna Health will use the **Justice Equity Services Index (JESI)** to help determine low services. You can find the JESI at the link below: https://www.catalystcalifornia.org/campaign-tools/maps-and-

data/justice-equity-servicesindex

- Organizations that have annual budgets of over $1,500,000 (larger organizations) will be considered for decisions that have been made on applications from organizations with annual budgets under $1,500,000. If larger organizations submit a proposal that includes subcontracts with smaller organizations (below $1,500,000 annual budget), that proposal will be prioritized among the remaining larger organizations for awards, subject to available funding.
- No funds are to be used for law enforcement purposes.
- Heluna Health reserves the right to clarify information in a submitted application, including verification through outside sources such as websites or other sources; reaching out to the organization; site visits; or other measures. If, through the verification process, inaccurate or false information is shown to have been included in the application Heluna Health reserves the right to disqualify the application and deny funding.
- Organizations that have previously received CFCI funding will have their past performance reviewed and taken into consideration.
- Organizations that have completed the JCOD Incubation Academy (any cohort) will be prioritized for funding.
- Applicants are discouraged from relying on AI technology to construct their application responses.

Funding Opportunity Webinars

Heluna Health will host four optional application webinars to review the funding opportunity and gather questions. All webinars are NOT mandatory, they are optional. You are welcome to attend all webinars. The same content will be presented in all webinars. You DO NOT need to attend all webinars. Webinars will be held virtually on:

- July 29, 2026 from 11:00am – 12:00pm
- August 6, 2026 from 3:00pm – 4:00 pm
- August 11, 2026 from 6:00pm – 7:00pm
- August 19, 2026 from 11:00am – 12:00pm

Registration is available at the JCOD CFCI Y5 Care Grant Website.

Key Dates/Timeline

Funding Opportunity Release	Friday, July 24, 2026 at 9:00 AM PDT
Optional Funding Opportunity Webinars	July 29, August 6, August 11, August 19
Written Questions Accepted	July 24 – August 11, 2026, 5:00PM Pacific Time
Submission Deadline	August 24, 2026, 5:00 PM Pacific Time

Application Review	Tuesday, August 25, 2026 - Wednesday, September 30, 2026
Awards Announced	Thursday, October 1, 2026
Service Provider Contracts Signed	Friday, October 2, 2026 – Friday, October 16, 2026
Expected Contract Start	Monday, October 19, 2026 or Upon Approval
Contract Initiation Payment	Within 45 Calendar days from contract start date*

* W-9, ACH form, copy of voided check or letter from the bank, fully executed agreement, and proof of required insurance are all required to receive contract initiation payment.

Written Questions Deadline

Questions about the funding opportunity and application will be accepted until August 11, 2026, at 5:00 PM. The term "written questions," refers to questions you may have ABOUT the application.

Please **do not** email your answers to questions IN the application or any attachments—all applications for funds must be submitted along with required documentation through the online application portal. You may send your written questions to **HHCFCI@pgm.helunahealth.org.**

Eligibility

Minimum Mandatory Requirements:

- 2 years of experience: Applying organizations must have provided services (served clients for at least 6 months out of the last 2 years through direct service or other means depending on client population) within the County of Los Angeles for at least two years prior to the date of application, in the area they are seeking funding for.
    - Proof may include but is not limited to: letters of recommendation, copies of contracts, attestation of experience.
- Must be one of the following:
    - Non-profit with 501c3 status.
    - Tribe in Bureau of Indian Affairs Office and tribe in CA on the contact list maintained by Native American Heritage Commission.
    - Business entity (LLC, professional corp).
    - Fiscally sponsored organization.
- Organizations through a fiscal sponsor:

- By the submission deadline, you must have a signed agreement in place with a fiscal sponsor. An acceptable fiscal sponsor will be a nonprofit organization that demonstrates sufficient experience as determined by Heluna Health. Experience includes providing fiduciary oversight, financial management, insurance, and/or other administrative services to smaller organizations outside of / in addition to the applicant.
- Fiscal sponsors must be based in California, must be registered with the California Secretary of State for a minimum of one year prior to the application deadline, and must have a status of "Good Standing" with the state.
- The fiscal sponsor must be willing to obtain insurance at the required amounts of coverage, and name the applicant (provider organization), the County, and Heluna Health as additional insured.
- Heluna Health will, at its sole discretion, determine if a fiscal sponsor's documentation is sufficient and acceptable, or if additional information is needed. Heluna Health reserves the right to not accept an applicant based upon review of a fiscal sponsor's experience and documentation.

- Good Standing: All applicants (or fiscal sponsors, if the applicant is applying with a fiscal sponsor) must be registered with the California Secretary of State for at least one year prior to the application deadline and have a status of "Good Standing." You can check your status at https://bizfileonline.sos.ca.gov/search/business
- Registered to do business in LA County/LA City: Organizations / fiscal sponsors (if applicable) must be registered to do business in Los Angeles County / City of Los Angeles (business license/tax registration certificate) at the location where services will be provided. Documentation will be required prior to contract execution.
- No terminations for cause: If your CFCI grant funding has been terminated for cause through a previous grant round, your organization is not eligible to apply.
  - If your organization has ever had a contract terminated for cause by Los Angeles County, your organization is not eligible to apply.
- No funding toward current TPAs: Funding may not go to projects that benefit the Year 5 TPAs including Amity Foundation, Community Partners, Heluna Health, and United Way, nor any projects on any of the TPA campuses. Funding that may benefit the TPAs in any way will not be considered for award.
- No applications to fiscal sponsor: Organizations with fiscal sponsorship for current grants (CFCI and other funding sources) through any of the Year 5 TPAs including Amity Foundation, Community Partners, Heluna Health, and United Way may not apply for solicitations run by their fiscal sponsor.
- No funds are to be used for law enforcement purposes.

Geographic requirements:

- Applying organizations must have provided services (served clients for at least 6 months out of the last 2 years through direct service or other means depending on client population) within the County of Los Angeles for at least two years prior to the date of application, in the area they are seeking funding for.
- Fiscal sponsors must be based in the State of California.
- Applicants must demonstrate organizational headquarters within the County of Los Angeles.
- Applicants must identify the specific locations of their organizational headquarters as well as for proposed services and must provide ZIP code information that corresponds to those addresses.

Prioritization:

- Organizations with annual operating budgets under $1,500,000
- Organizations that have annual budgets of over $1,500,000 (larger organizations) will be considered for decisions that have been made on applications from organizations with annual budgets under $1,500,000. If larger organizations submit a proposal that includes subcontracts with smaller organizations (below $1,500,000 annual budget), that proposal will be prioritized among the remaining larger organizations for awards, subject to available funding.
- Organizations that have not previously been awarded money by CFCI or LA County
- Organizations serving highest need, lowest services ZIP codes using JENI JESI indices
    - Justice Equity Needs Index (JENI) will be used to help determine high need. You can find the JENI at the link below: https://www.catalystcalifornia.org/campaigntools/maps-and-data/justice-equity-needindex
    - Justice Equity Services Index (JESI) will be used to help determine low services. You can find the JESI at the link below: https://www.catalystcalifornia.org/campaigntools/maps-and-data/justice-equity-servicesindex
- Past performance as a CFCI grantee, defined as:
    - On-time and accurate deliverable submission for the first invoice of the quarter (e.g., Q1.1, Q2.1, Q3.1, Q4.1) more than 85% of the time.
    - No open PIPs or CANs or equivalent from TPA.
    - Must not have been terminated for cause by TPA.
- Organizations that completed the Justice, Care and Opportunities Department (JCOD) Incubation Academy.

Contract Term

- Selected CFCI programs and projects shall begin upon full contract execution on or around October 2026.

- All funds shall be spent within 36 months of the contract start date, but no later than 10/30/2029.

Budget Guidelines

All applicants must submit a detailed line-item budget. Only budgets submitted using the Budget template provided here.

The budget submission must include:

- A breakdown of costs by category (e.g., personnel, fringe, supplies, equipment, travel, indirect/administrative)
- A budget narrative/justification explaining how it supports the proposed activities.

If the proposal includes compensation for partner organizations:

- Partner costs must be clearly itemized in the budget and explained in the budget narrative.
- If awarded, a signed Memorandum of Understanding (MOU) or Letter of Commitment will be required to demonstrate that the organization has an established partnership, outlining roles, responsibilities and scope of work.

All Funding Solicitation Reviews/Awards are Final

Evaluation is based upon the criteria outlined in the funding opportunity. The evaluation and award process is considered final and there is no process for appeal. Heluna Health will offer declined organizations and individuals technical assistance to connect to training and support in an effort to strengthen their organizations and/or their applications for future funding opportunities.

Award Limitations

- Organizations that have not received funding from LA County including CFCI funds or LA County Contracts will be prioritized for award.
- Award amounts will range from $50,000-$2,000,000, based on demonstrated need, available funding, and alignment with program requirements.
- Requests outside of this range will be considered only with clear justification and supporting documentation demonstrating exceptional need.

Payments/Grant Distributions

Funded organizations shall receive a contract initiation payment within forty-five (45) calendar days from

the contract start date or upon the submission of all required contracting documents and attachments, whichever is later. Payments thereafter are expected to be disbursed quarterly (every three months), upon the completion of program/project deliverables and/or milestones.

Data Collections and Reporting

All awardees will be required to collect and report services and outcome data monthly using a pre-defined system as well as submit quarterly reports. If an organization is fiscally sponsored, the organization (not the fiscal sponsor) is responsible for submitting accurate data and milestone reports.

County Contract Provisions

- Los Angeles County contract requirements will be included in the service contract and will be provided to potential awardees during the contracting phase.
- Proof of insurance will be required before award contracts can be executed. Awarded organizations must obtain insurance policies in the categories and amounts listed below in order to contract for Year 5 CFCI Funding Opportunity funds. Insurance costs are an allowable line item on an applicant's budget. Insurance costs added to your project budget must be directly attributable to and associated with the proposed project site. To the extent that an insurance policy extends organizationally beyond the proposed project site, costs must be proportionally allocated across all sites covered by that policy. The TPA may require substantiation documentation and supporting calculations to verify any costs billed to the insurance budget category. Required insurance limits are as follows:
    - 1MM Commercial General Liability; policy must name LA County, its agents and its designated TPA as additional insured
        - $2MM General Aggregate
        - $1MM Products/Completed Operations Aggregate
        - $1MM Personal and Advertising Injury
        - $1MM Each Occurrence
    - Professional Liability- Errors and Omissions
        - $1MM per claims
        - $2MM aggregate
    - Automobile Liability (if applicable, for instance, transporting clients)
        - $1MM Bodily Injury and Property Damage for each single accident
        - Includes owned, leased, hired, and/or non-owned automobiles
    - Employers' Liability/ Workers Compensations
        - Coverage with limits not less than $1MM per accident
    - Sexual Misconduct

- Limits not less than $1MM per actual or alleged claim of sexual misconduct and/or molestation, abuse, harassment, mistreatment, or maltreatment of a sexual nature
- $1MM aggregate

- All conditionally awarded applicants must provide proof of insurance in the required amounts of coverage and include County of Los Angeles and Heluna Health as Certificate Holders (additional insured) prior to a contract being issued.
- Waiver of subrogation against Heluna Health and the County must be included.
- All contracted grantees must maintain appropriate insurance throughout the life of the contract and provide confirmation documentation upon request. Failure to provide documentation of appropriate insurance coverage may result in payment delay, contract suspension, or termination.
- For organizations applying with a fiscal sponsor, the fiscal sponsor must be willing to obtain insurance at required amounts of coverage, and name the applicant (provider organization), the County and Heluna Health as additional insured.

Priority Points, Screening, External Review Scoring Criteria

All proposals will undergo preliminary screening to ensure completeness and that minimum eligibility requirements have been met. Independent reviewers will be instructed to use the following tool to score each proposal.

Screening & Priority Points	**Total Points Possible**
Application is complete; organization is viable & eligible.	Pass/Fail
Organization has an annual revenue under $1,500,000.	10 priority points
Organization has never received a Los Angeles County contract for services.	5 priority points
Organization services are provided in LA County in high-need, low service areas and populations.	10 priority points
If a current grantee, organization has performed well in its first round of CFCI funding	10 priority points
The organization's executive board and leadership live in Los Angeles and reflect the communities they serve.	15 priority points

Organization has never received CFCI funding in any funding opportunity round.	5 priority points
Organization has completed the Los Angeles County Incubation Academy (any cohort)	5 priority points
POINTS POSSIBLE	**60 priority points**

Once an application passes screening and is scored for priority, independent community reviewers with subject matter expertise and experience will utilize the following scoring rubric to evaluate each proposal that has passed the technical screening. Applications that do not pass screening will be declined.

External Review	**Points Possible**
Organizational experience & capacity	
Mission of the organization ties directly to one or more services listed in the program area description	15 points
Years of documented experience in providing services that are reflected in the program area with max points reflecting 10 years or more. 2-4 years = 5 points; 5-9 years = 10 points; 10+ years = 15 points	15 points
Organization can demonstrate that it is a trusted provider, has a strong track record providing impactful services to the target population	15 points
Linguistic/cultural competence for serving the proposed target population	15 points
Program is achievable and relevant; budget is feasible and reasonable	
Population served is reflective of the program area target population	15 points
Proposed services are needed, and reflect at least one or more of the required services in the program area description	15 points
Project Impact to participants is clearly defined, outcomes are specific, and measurable (e.g., access to services, job placement rates, education enrollment, financial capability gains) and there is strong alignment with clearly identified disparities and community-needs	15 points

Budget reflects reasonable costs for proposed project (Examples of reasonableness include: salaries are according to nonprofit standards; benefits rates do not exceed 30% of salary totals; operational costs reflect service targets and proposed services; insurance costs are within industry standards; only costs necessary to achieve project are included; monthly rents are within the normal range for Los Angeles County; facility costs are within the typical range for the type of service provided; if consultants are used, these consultants are named, relationships with any of the staff members are disclosed (such as family, friends or other business associates) and have professional skills and experience required to provide the service; all costs and calculations are described clearly and tie directly to the proposed services.)	15 points
TOTAL POINTS POSSIBLE	**120 points**

Priority points and external reviewer scores will be added to create a final score.

Funding Opportunity Application/Attachments/Requirements for Eligibility

1. Attachment #1 – Documentation of Organization's Annual Revenue

Attachment Required to Fulfill #1: Most Recent Income Tax Return (2024 or later). You may submit an IRS form 990, 990N, 990EZ, 990 postcard, 8879-TE, 568, or 1120-S.

The Care First Community Investment Funding Opportunity is intended to benefit direct service community-based organizations that have historically not received contracts from LA County. (CFCI funding is not considered a contract from LA County). Organizations with annual revenue that total $1,500,000 or less will be prioritized. Applications will be accepted from large organizations (annual revenue greater than $1,500,000). Large organizations may receive preference points if their proposed project includes subcontracts valued at >50% of their total project budget with small organizations (<$1,500,000 annual revenue.) Subject to available funding.

If you are applying with a fiscal sponsor, do not provide the fiscal sponsor's annual budget information for Attachment #1. All organizations should provide their own annual budget / financial documents to fulfill the requirements for Attachment #1.

2. Attachment #2 – Documentation of Organization's Professional Status

CFCI funds are intended to benefit organizations that provide direct services to individuals and families and that have a minimum of 2 years of experience providing services in the Program Area for which they are applying.

*Attachment Required to fulfill #2, upload **One** of the following:*

A. *Proof of nonprofit 501(c)(3) status as determined by the Internal Revenue Service. (501c3 IRS Determination letter).*
B. *If you are not a 501c3, provide documentation that indicates the organization to be a business entity (i.e. Limited Liability Corporation determination, Professional Corporation determination or Certificate of Good Standing from the Secretary of State). Fiscal sponsor documentation (see the definitions on the following page)*
C. *If you do not have the documents described in (A) or (B) attach a letter signed by your authorized official stating that the "[Name of the Organization] is submitting this application with the willingness and intent to enter into an agreement with a fiscal sponsor prior to contract execution. Applicants in this category may be required to provide additional documentation during the review process.*

Experience will be verified using the documents provided in Attachment # 2. Heluna Health will, at its sole discretion, determine if documentation is sufficient or if additional documentation is needed.

Acceptable Fiscal Sponsors

Fiscal sponsorship helps mitigate the potential for fraud, abuse, or waste by service providers. A fiscal sponsor can assist with financial management, compliance, funds disbursement, human resources, and general grant agreement.

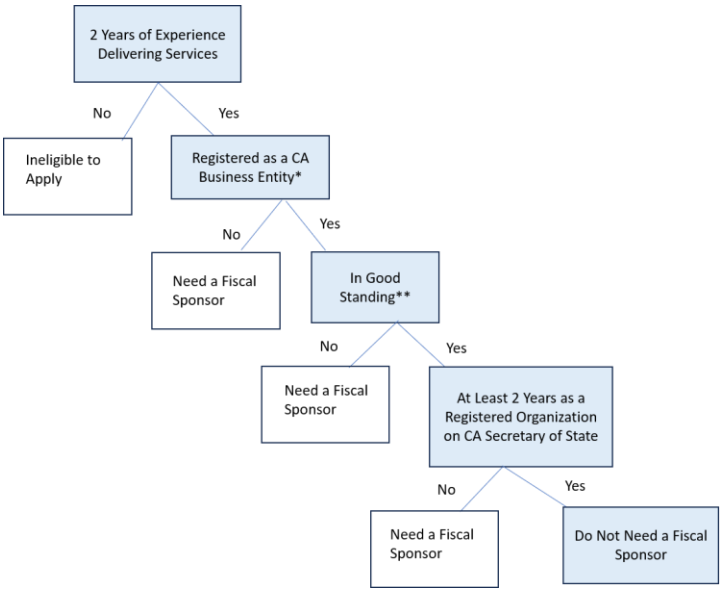
An acceptable fiscal sponsor will be a nonprofit organization with at least two (2) years of experience as a fiscal sponsor providing fiduciary oversight, financial management, insurance, and/or other administrative services to smaller organizations outside of / in addition to the applicant. (Heluna Health will provide technical assistance to service providers in a variety of areas but will not have access to the day-to-day fiscal operations of service providers.)

Fiscal sponsors must be based in California, must be registered with the California Secretary of State, and must have a status of "Good Standing."

The fiscal sponsor must be willing to obtain the insurance required to contract at the coverage listed (see the list under Attachment #3, below), and name the applicant (provider organization), the County, and Heluna Health as additional insured.

Heluna Health will require a copy of the Fiscal Sponsor contract between the Fiscal Sponsor and the Applicant prior to any award. Heluna Health, at its sole discretion, will determine if the documentation is sufficient and acceptable or if additional information is needed. The TPA reserved the right to disqualify an application based upon review of a fiscal sponsor's experience and documentation.

Does my organization need a fiscal sponsor to apply?



After the application deadline, the tool to the left will be used during preliminary screening to determine some of the standards of eligibility that organizations must meet in order to apply.

Applicants whose organizations meet requirements of 2 Years of Experience; Registered as a business entity with the Secretary of State of California, In Good Standing with the Secretary of State of California,

Notes:

**Registered with CA Secretary of State. This includes corp., 501(c)(3), and must include local business license tax license (if applicable).*

***Cannot be terminated, suspended, etc. as listed on the California Secretary of State website: www.sos.ca.gov.*

3. Attachment #3 – Proof of Insurance Documentation Required:

*Attachment Required to fulfill #3, upload **ONE** of the following:*

A. *Certificate of Insurance (COI) with your current insurance provider.*
B. *An insurance cost quote on the above listed coverages from an insurance broker.*
C. *If you cannot provide either (A) or (B), attach a letter signed by your authorized official stating that "[NAME OF ORGANIZATION] attests that we do not have any insurance policies or coverage at this time. [NAME OF ORGANIZATION] understands that will be responsible for meeting required insurance limits prior to contracting."*

4. Attachment # 4- Proposed Project Budget Form Requirement

All applicants must submit a detailed line-item budget. Only budgets submitted using the Budget Template provided will be accepted. **Only .xlsx files will be accepted for this attachment. You must ask for the same budget amount in each program year.**

The budget submission must include:

- A breakdown of costs by category (e.g., personnel, fringe, supplies, equipment, travel, indirect/administrative)
- A budget narrative/justification explaining how it supports the proposed activities
  If the proposal includes compensation for partner organizations or subcontractors:
- Proposed subcontractor or partner must be clearly itemized in the budget and explained in the budget narrative.
- If awarded, a Letter of Agreement, signed by the partners authorized official will be required to demonstrate that the organization has an established partnership, outlining roles, responsibilities and scope of work.

Program / Project Budgets are subject to approval by the Heluna Health and may be collaboratively adjusted as necessary.

5. Attachment #5: Two Years of Recent Financial Statements (audited preferred, if available) — Optional

Please upload the last two years of your organization's most recent financial statements. Audited statements are preferred if available. For organizations applying with a fiscal sponsor, include both your organization's financial statements and your fiscal sponsor's.

Note: In California, a nonprofit is required by state law to undergo an independent financial audit if its annual gross revenue reaches $2 million or more, excluding government grants that require separate accounting. Additionally, federal law mandates an audit if the nonprofit expends $750,000 or more in federal funds in a fiscal year.

6. Attachment #6: Business License — Required

Applicants (or fiscal sponsor, if applicable) must be registered to do business in Los Angeles County or the City of Los Angeles at the location where services will be provided. Please upload documentation such as a business license or tax registration certificate demonstrating your organization meets this requirement.

7. Attachment #7: Fiscal Sponsorship and Project Agreement, if applicable — Optional

For fiscally sponsored organizations, please upload a signed copy of your agreement outlining the nature of the fiscal sponsorship relationship. If you already uploaded a fiscal sponsorship document for Attachment 2, please use this attachment for any additional fiscal sponsorship documents.

8. Attachment #8: Additional Supporting Documents — Optional

Please upload any additional supporting documents such as news articles, flyers, or other examples of past programming. **No more than 3 attachments.**

9. Attachment #9: State Good Standing

Please upload your organization's current CA State Good Standing.

CFCI Year 5 Care Grant Funding Opportunity Application

All CFCI funds shall be used to transform Los Angeles County with programs that serve historically under-resourced communities and address negative outcomes caused by racially driven criminal legal system inequities and long-term economic disinvestment.

Project will support programs and services intended to achieve measurable outcomes that advance the priorities of Care First Community Investment (CFCI), including improving access to services, reducing disparities, strengthening community capacity, and demonstrating effectiveness through data and performance reporting.

Helpful Tips:

- Use a word processing tool (i.e Microsoft Word) to prepare your responses, then cut and paste your answers into the application to avoid losing work.
- Save frequently.
- Add **HHCFCI@pgm.helunahealth.org** to your safe senders list to ensure you receive all communication regarding your application.
- You have the ability to save and come back to your application at a later time by clicking the **Save and Continue Editing** button at the bottom of the screen.
- You can access your application by clicking on the “My Applications” tab at the top of the screen.
- Completing the form does not submit your application for funding. After clicking “Mark Complete” you must return to your Applicant Dashboard and click “Submit Application” before the deadline. Do not use the "back" or "forward" buttons on your browser to navigate through this application.

Applicant Requirements:

This funding opportunity is open to organizations that provide direct services to individuals and families and that have a *minimum of 2 years of experience* providing services in Los Angeles

County that are relevant to the Program Area for which they are applying. This includes:

- Non-profit organizations with 501(c)(3) status as determined by the Internal Revenue Service.
- Business entities (e.g., Limited Liability Corporation [LLC] determination, Professional Corporation determination).
- Organizations applying through a fiscal sponsor.**
    - An acceptable fiscal sponsor will be a nonprofit organization that demonstrates sufficient experience as determined by Heluna Health. Experience includes providing fiduciary oversight, financial management, insurance, and/or other administrative services to smaller organizations outside of/in addition to the applicant.
    - Fiscal sponsors must be based in California, must be registered with the California Secretary of State for a minimum of one year prior to the application deadline, and must have a status of "Good Standing."
    - The fiscal sponsor must be willing to obtain insurance at the required amounts of coverage, and name the applicant (provider organization), the County, and the TPA as additional insured.
    - Heluna Health will, at its sole discretion, determine if a fiscal sponsor's documentation is sufficient and acceptable, or if additional information is needed. Heluna Health reserves the right to not accept an applicant based upon review of a fiscal sponsor's experience and documentation.
- All applicants (including fiscal sponsors, where applicable) must be registered with the California Secretary of State for at least one year prior to the application deadline and have a status of "Good Standing." You can check your status at https://bizfileonline.sos.ca.gov/search/business.
- Organizations / fiscal sponsors (if applicable) must be registered to do business in Los Angeles County / City of Los Angeles at the location where services will be provided. Documentation (business license/tax registration certificate) will be required prior to contract execution.
- If your organization's CFCI grant has been terminated for cause, your organization is not eligible to apply.
- If your organization has ever had a contract terminated by Los Angeles County, your organization is not eligible to apply.
- Funding may not go to projects that benefit the Heluna Health. Projects that take place on Heluna Health campuses, recruit participants through Heluna Health, or may, in any other way, benefit Heluna Health will not be considered for award.
- No funds are to be used for law enforcement purposes.

**By the contract execution date, you must have a signed agreement in place with a fiscal sponsor that has been approved in writing by Heluna Health, or the award will be rescinded.

Geographic Area Eligibility Requirements

- Applying organizations must have provided services within the County of Los Angeles for at least two years prior to the date of application.
- Fiscal sponsors must be based in the State of California.
- Applicants must demonstrate organizational headquarters within the County of Los Angeles.
- Applicants must identify the specific locations of their organizational headquarters as well as for proposed services and must provide ZIP code information that corresponds to those addresses.

We are committed to supporting organizations that reflect and serve the communities most impacted by funding gaps. Applications from organizations serving historically underrepresented communities, are strongly encouraged.

Award Range

Award amounts will range from $50,000-$2,000,000, based on demonstrated need, available funding, and alignment with program requirements.

Requests outside of this range will be considered only with clear justification and supporting documentation demonstrating exceptional need.

Section 1- Organizational Information and Background

Agency/Organization Name

Please enter your organization's full legal name exactly as it appears on your IRS determination letter or other official documents. **do not enter a DBA ("doing business as"), trade name, or acronym**.

Organization Employer Identification Number (EIN)

Please provide your organization's Tax Identification Number (TIN). **Do not enter a Social Security Number (SSN) or any other personal identification number.** The TIN should match the number registered with the IRS for your organization.

1. What is your organization's mission? **Must limit your response to 100 words.**
2. What direct services does your organization currently provide in Los Angeles County? **Must limit your response to 250 words.**
3. How are the services you provide relevant to the program area in which you are applying?
4. What is the impact of your services and how do you measure the impact of your current services?
5. How many years have you been providing these services? Note: We are seeking organizations or executive staff that have at least 2 years of experience providing direct services that are relevant to the Program Area

that they are applying for. **Numbers only.**

6. Address where your organization's administrative office is physically located (Headquarters):
7. Is your Headquarters located outside of LA County?
8. Street Address where services will be provided: **P.O. Boxes will not be accepted.**
9. City where services will be provided.
10. State where services will be provided.
11. Zip Code where services will be provided.
12. Do you currently use the address provided above for services? Select "Yes" below if you currently provide services at this location. Select "No" if you have never provided services at the above address.
13. Will you be partnering with a fiscal sponsor for this request?
14. Please explain exactly where your services are provided (address, school district, neighborhood, Indigenous community, church community, etc.). Give as much detail as possible about the location where people go to receive your services.
15. Are you currently providing services outside of LA County?
16. Mailing address for organization - street name and number
17. Mailing City
18. Mailing State
19. Mailing Zip Code

Staff/Board and Leadership Characteristics

Diverse and Representative Staff and Leadership: This funding opportunity is intended to benefit community-based organizations that are led and staffed, at least in part, by Black, Brown, Indigenous, People of Color, Transition-Age Youth, Transgender, Gender Nonconforming, Intersex, LGBQA+, and People with Lived Experience.

Organization Board Members/Trustees Table

Please list all current board members of your organization in the table provided. Be sure to include every board member so that the table reflects your organization's complete and up-to-date leadership.

20. What are the percentages of **BOARD AND EXECUTIVE LEADERSHIP** who identify as / reflect the following races / ethnicities?
    - Asian/Asian-American
    - Black/African-American
    - Caucasian
    - Hispanic/Latine
    - Multi-Racial
    - Native American

- Native Hawaiian or other Pacific Islander
- Other

If you selected **Other** above, please describe:

21. Which community characteristics below best describe your organization's **BOARD AND EXECUTIVE LEADERSHIP**?
    - [AYAY SUD] Adults, Young Adults, of Youth with Substance Use Disorder
    - [AYAY unhoused] Adults, Young Adults, or Youth experiencing homelessness or housing instability
    - [AYAY foster] Adults, Young Adults, or Youth impacted by the foster care system
    - [AYAY unable trial] Adults, Young Adults, or Youth who are found legally unable to stand trial
    - [AYAY incarc] Adults, Young Adults, or Youth who are Incarcerated
    - [AYAY preg or parent] Adults, Young Adults, or Youth who are pregnant or parenting
    - [AYAY reentry] Adults, Young Adults, or Youth who are reentering the community from
    - incarceration
    - [AYAY mental health] Adults, Young Adults, or Youth with mental health needs
    - [Econ. challenged] Economically challenged
    - [Family of reentry] Family of Adults, Young Adults, or Youth who returning home from incarceration
    - [Immigrant] Immigrant
    - [Disability] Individual with a disability
    - [LGBQA+] Lesbian, Gay, Bisexual, Queer / Questioning, Asexual, +
    - [OY - TAY] Opportunity Youth / Transition-Age Youth
    - [Other] Other
    - [TGI] Transgender, Nonbinary, Gender Nonconforming, Intersex (TGI)
    - [Women] Women

    If you selected **Other** above, please describe:

22. What are the percentages of **D IRECT SERVICES STAFF / VOLUNTEERS** who identify as / reflect the following races / ethnicities?
    - [Asian] Asian/Asian-American
    - [Black/African-Amer] Black/African-American
    - [Caucasian] Caucasian
    - [Hispanic] Hispanic/Latine
    - [Multi-Rac] Multi-Racial
    - [Native Am] Native American
    - [Native Haw] Native Hawaiian or other Pacific Islander

- [Other] Other

If you selected **Other** above, please describe:

23. Which community characteristics below best describe your organization's **D IRECT SERVICES STAFF / VOLUNTEERS**?
    - [AYAY SUD] Adults, Young Adults, of Youth with Substance Use Disorder
    - [AYAY unhoused] Adults, Young Adults, or Youth experiencing homelessness or housing instability [AYAY foster] Adults, Young Adults, or Youth impacted by the foster care system
    - [AYAY unable trial] Adults, Young Adults, or Youth who are found legally unable to stand trial
    - [AYAY incarcerated] Adults, Young Adults, or Youth who are incarcerated
    - [AYAY preg or parent] Adults, Young Adults, or Youth who are pregnant or parenting
    - [AYAY reentry] Adults, Young Adults, or Youth who are reentering the community from incarceration
    - [AYAY mental health] Adults, Young Adults, or Youth with mental health needs
    - [Econ challenged] Economically challenged
    - [Family of reentry] Family of Adults, Young Adults, or Youth who returning home from incarceration [Immigrant] Immigrant
    - [Disability] Individual with a Disability
    - [LGBQA+] Lesbian, Gay, Bisexual, Queer / Questioning, Asexual, +
    - [OY - TAY] Opportunity Youth / Transition-Age Youth
    - [Other] Other
    - [TGI] Transgender, Nonbinary, Gender Nonconforming, Intersex
    - [Women] Women

    If you selected **Other** above, please describe:

24. Please describe the historically underserved communities your organization serves and how your leadership reflects or engages with those communities.
25. What percentages of the **communities you serve** identify as / reflect the following races / ethnicities?
    - [Asian] Asian/Asian-American
    - [Black/African-Amer] Black/African-American
    - [Caucasian] Caucasian
    - [Hispanic] Hispanic/Latine
    - [Multi-Rac] Multi-Racial
    - [Native Am] Native American
    - [Native Haw] Native Hawaiian or other Pacific Islander
    - [Other] Other

26. Describe your organization's experience and impact working with communities related to the funding area you are applying to in Los Angeles including partnerships, cultural competency or community ties. Include specific examples and statistics that demonstrate your track record of service for these populations.
27. What was your total annual organizational revenue in FY 2024?

    - Under $150,000 a year
    - $150,000 to $500,000 a year
    - $500,000 to $1,000,000 a year
    - $1,000,000 to $1,500,000 a year
    - Over $1,500,000

28. If your annual organizational revenue is over $1.5 million, enter the total below.
29. If you would like us to consider additional information, please add it here.
    (For example, you may want to explain if your budget in 2024 was larger or smaller than usual because of an increase/decrease in funds or you received a large one-time donation that made your budget seem larger than it usually is.) If not, or if this question does not apply to your organization, enter "N/A". **Must limit your response to 100 words.**
30. If your annual organizational revenue is over $1,500,000 a year, do you intend to subcontract at least 50% of your proposed budget to organizations with annual revenues of less than $1.5M? If not, please enter "N/A". **Must limit your response to 250 words.**
31. Does the applicant have any outstanding audit financial claims **IN THE LAST 5 YEARS**
    If **yes**, please describe the nature of the **financial claim**, the **amount**, and the **date** of the claim. Be sure to let us know if the issue has been resolved, or if it is ongoing, and why. When do you expect the issue to be resolved?
32. Have you ever received a grant, funded contract, and/or funding from Los Angeles County?
33. How much funding did you receive and what was the funding source (department or office that awarded the funds)? If you have many county grants and contracts, list the top three from the last 12-24 months.
34. Is your organization currently receiving CFCI funding in Program Areas 1–46? If yes, please list the specific program(s).

Section 2- Request

Strategies 1 and 4: Diversion, Behavioral Health & Wellness and Housing Stability

35. Describe the services your proposed project will deliver to participants/community that will relate directly to this program area. **Must limit your response to 500 words.**
36. How will participants find out about your program and enroll in your program?
37. Describe your intake and/or screening process.
38. In which languages will you provide services? Note: You can list languages spoken by staff and

languages for which your organization has access to interpreters / translation. **Must limit your response to 100 words.**

39. What are your techniques for engaging diverse participants using culturally appropriate outreach and services? For example, if you serve Indigenous or Transgender or Youth participants, what are the things you will do to reach them, and how will you keep them engaged in your program? **Must limit your response to 500 words.**

40. On which days of the week and between what hours do you intend to provide services? (e.g., Monday, 9:00 a.m.–1:00 p.m.)

41. How many total hours per week will your project provide direct services?

42. How many unduplicated people/participants per year do you intend to serve with the funding amount that you are requesting? **Provide a number response.**

43. What project accomplishments do you plan to achieve over the first year of your program (Q1-Q4)? For instance, will you recruit, hire or train new employees or deliver a specific quantity of services, or engage new participants? List four accomplishments that relate to implementing your proposed project, one for each quarter. **Must limit your response to 100 words.**
Examples of accomplishments are listed below as a reference:

- *Example: "Q1: Accomplishment– Recruit, hire, and train one new Manager"*
- *Example: "Q2: Accomplishment– Enroll 20 new participants in our program"*
- *Example: "Q3: Accomplishment– Table at 4 events and engage at least 50 people"*
  Example: "Q4: Accomplishment- Expend all funds on programming by program end date"

44. What are some measurable outcomes related to the implementation of your accomplishments?
* Outcomes should indicate that your program or project is having the intended effect on your participants / community. They are measurable, and show an increase or decrease in events, conditions, or behaviors. **Must limit your response to 100 words.**
Examples of measurable outcomes might include:

- *Example: "Outcome 1 – Hiring 2 new C ase Managers will increase the number of participants served by 50%" (related to accomplishment 1)*
- *Example: "Outcome 2 – 85% of participants served by our Program will increase job readiness through new skills" (related to accomplishment 2)*
- *Example: "Outcome 3 – 30% or more of our Program participants will be placed in interim housing " (related to accomplishment 3)*
- *Example: "Outcome 4 – 60% of participants placed in a paid job or internship will retain their employment for 6 months or more" – (related to accomplishment 1 and 4)*

45. How will your accomplishments and outcomes meet the needs of the Program Area, your service population, and community? **Must limit your response to 250 words.**

46. What is the **total amount of funding** over 12 months that you are requesting in this application?
*This amount should be the same as **Cell B3** in the Bud et Form, "Total Amount for Entirety of Project." **NOTES: (A) You must ask for the same amount in each program year. (B) Program /***

Project Budgets may be adjusted by Heluna Health; your organization's formal agreement to the changes will be required in order to receive funding. Provide a number response.

47. What is the estimated cost **per student/participant per year** for this program? Example: $1,250.

Section 3- Service Areas and Demographics

Organizations in and serving ZIP codes determined to be highest need / lowest services will be prioritized for award.

Heluna Health will use the Justice Equity Needs Index (JENI) to help determine high need. You can access the index at this link: JENI. The TPA will use the Justice Equity Services Index (JESI) to help determine low services. You can access the index at this link: JESI.

48. We understand that the JENI and JESI tools do not necessarily capture all high need populations with low services access. If you believe the JENI and JESI do not capture needs of your service population, tell us more, below. Feel free to use the above community characteristics, such as low income, Black, recent immigrant, etc. Enter "N/A" if your service ZIP code is highest need / lowest services or if this question is otherwise Not Applicable. **Must limit your response to 250 words.**

49. What is the Supervisor District that corresponds to your Administrative Offices / Headquarters address? You can find this at LA Vote Precinct Maps by using the address lookup tool.
    - Supervisorial District 1 – Hilda L. Solis
    - Supervisorial District 2 – Holly J. Mitchell
    - Supervisorial District 3 – Lindsey Horvath
    - Supervisorial District 4 – Janice Hahn
    - Supervisorial District 5 – Kathryn Barger

50. In which Supervisorial District are the services you are proposing going to be physically located? Select all that apply. You can find this at LA Vote Precinct Maps by using the address lookup tool.
    - Supervisorial District 1 – Hilda L. Solis
    - Supervisorial District 2 – Holly J. Mitchell
    - Supervisorial District 3 – Lindsey Horvath
    - Supervisorial District 4 – Janice Hahn
    - Supervisorial District 5 – Kathryn Barger

51. In which Service Planning Areas (SPAs) are your organizational headquarters physically located? For more information or for help identifying which Service Planning Areas to select, take a look at the LA County Department of Public Health Service Planning Areas.

- SPA 1 – Antelope Valley
- SPA 2 – San Fernando Valley
- SPA 3 – San Gabriel Valley
- SPA 4 - Metro Los Angeles
- SPA 5 - West Los Angeles
- SPA 6 - South Los Angeles
- SPA 7 - East Los Angeles
- SPA 8 - South Bay

52. In which Service Planning Areas (SPAs) would the services you are proposing be physically located? Select all that apply. For more information or for help identifying which Service Planning Areas to select, take a look at the LA County Department of Public Health Service Planning Areas.
    - SPA 1 – Antelope Valley
    - SPA 2 – San Fernando Valley
    - SPA 3 – San Gabriel Valley
    - SPA 4 - Metro Los Angeles
    - SPA 5 - West Los Angeles
    - SPA 6 - South Los Angeles
    - SPA 7 - East Los Angeles
    - SPA 8 - South Bay

53. List the ZIP codes you intend to serve with the project or program that you are proposing in this application. Only list ZIP codes where you provide the majority of your services and/or conduct most of your outreach and recruiting.
54. Click to select the ranges below that best describe the ages of the people your program or project will serve. Select "All Ages" if you will serve all ages; otherwise, select as many as apply. PLEASE DO NOT SELECT EVERY RANGE
    [1] All Ages
    [2] Infants (0-2)
    [3] Children (3-9)
    [4] Preteens (10-12)
    [5] Adolescents (13-17)
    [6] Young Adult/Transition-Age Youth (18-26)
    [7] Adults (27-64)
    [8] Seniors (65+)

55. Click to select the options below that best describe the race/ethnicity of the people your

proposed program or project will serve. **Select all that apply.**

- Black/African American
- Asian/Asian-American
- Caucasian
- Hispanic/Latine
- Multi-Racial
- Native American
- Native Hawaiian or other Pacific Islander
- Other

If you selected **Other** above, please describe:

56. Select the options below that best describe the gender of the people your program or project will serve. **Select all that apply.**
    [1] Women
    [2] Men
    [3] Transgender, Gender Nonconforming, Intersex (TGI)
    [4] Other

    If you selected **Other** above, please describe:

57. Select the characteristics below that best describe the population your program or project will serve. **Select all that apply.**
    - Individuals with Disabilities
    - Economically Challenged
    - Immigrants
    - Adults, Young Adults, or Youth who are pregnant or parenting
    - Adults, Young Adults, or Youth with mental health needs
    - Adults, Young Adults, or Youth with Substance Use Disorder
    - Adults, Young Adults, or Youth impacted by the foster care system
    - Adults, Young Adults, or Youth experiencing homelessness or housing instability
    - Adults,Young Adults, or Youth who are legally found unable to stand trial
    - Adults, Young Adults, or Youth who are incarcerated
    - Adults, Young Adults, or Youth who are reentering the community from incarceration Families of Adults, Young Adults, or Youth returning home from incarceration Opportunity Youth/Transition-Age Youth
    - Other

If you selected **Other** above, please describe:

58. What areas of technical assistance are you interested in? **Select all that apply.**
    - Becoming a 501c3 or becoming incorporated/federally recognized
    - Becoming part of a coalition/starting a coalition (organizations, community members, etc.)
    - Budget development
    - Building administrative capacity
    - Building/developing a Board of Directors
    - Creating or developing policies and procedures
    - Data collections and evaluation
    - Finding a fiscal sponsor
    - Finding insurance
    - Fundraising/proposal writing
    - None
    - Other
    - Program creation, planning, development
    - Staff and professional development

    If you selected **Other** above, please describe:

Attachments

Attachment #1: Documentation of Organization's Annual Revenue*

Most Recent Tax Return (20234 or later) (IRS form 990, 990N, 990EZ, 990 postcard, 8879-TE, 568, or 1120-S)

Attachment #2: Proof of Professional Status *

Upload one of the following:

A. Proof of nonprofit 501(c)(3) status as determined by the Internal Revenue Service.

B. Fiscal sponsor documentation.

C. Documentation that proves the organization to be a business entity with at least one (1) year of administrative experience in the Program Area for which the service provider is submitting the

application (e.g., Limited Liability Corporation (LLC) determination, Professional Corporation determination, Certificate of Good Standing with the State of California).
D. If you do not have the documents described in (A), (B), or (C), attach a letter signed by your authorized official stating that "[NAME OF ORGANIZATION] is submitting this application with the willingness and intent to enter into an agreement with a fiscal sponsor prior to contract execution." Please name your attachment: Attachment 2 - Proof of Professional Status - Name of Organization

Attachment #3: Insurance Documentation *

One of the below (A, B, or C). Only **ONE** of these is required:

A. Certificate of Insurance (COI) with your current insurance provider.

B. A cost quote on the above listed coverages from an insurance broker.

C. If you cannot provide either (A) or (B), attach a letter signed by your authorized official stating that "[NAME OF ORGANIZATION] attests that we do not have any insurance policies or coverage at this time. [NAME OF ORGANIZATION] understands that we will be responsible for meeting required insurance limits prior to contracting." Please name your attachment: Attachment 3 - Insurance Documentation - Name of Organization.

Attachment #4: Completed Budget Form *

Only budgets submitted using the Budget Template provided by Heluna Health will be accepted. Only excel files will be accepted for this attachment. Note that once you choose your file you will need to click on the Click or drop files here to upload button in order to add your Budget Form to your application. Please name your attachment - Attachment 4 - Budget - Name of Organization.
Attachment #5: Two Years of Recent Financial Statements (audited preferred, if available) — Optional
Please upload the last two years of your organization's most recent financial statements. Audited statements are preferred if available. For organizations applying with a fiscal sponsor, include both your organization's financial statements and your fiscal sponsor's.

Note: In California, a nonprofit is required by state law to undergo an independent financial audit if its annual gross revenue reaches $2 million or more, excluding government grants that require separate accounting. Additionally, federal law mandates an audit if the nonprofit expends $750,000 or more in federal funds in a fiscal year.

Attachment #6: Business License — Required
Applicants (or fiscal sponsor, if applicable) must be registered to do business in Los Angeles County or the City of Los Angeles at the location where services will be provided. Please upload documentation such as a business license or tax registration certificate demonstrating your organization meets this requirement.

Attachment #7: Fiscal Sponsorship and Project Agreement, if applicable — Optional

For fiscally sponsored organizations, please upload a signed copy of your agreement outlining the nature of the fiscal sponsorship relationship. If you already uploaded a fiscal sponsorship document for Attachment 2, please use this attachment for any additional fiscal sponsorship documents.

Attachment #8: Additional Supporting Documents — Optional

Please upload any additional supporting documents such as news articles, flyers, or other examples of past programming. **No more than 3 attachments.**

Attachment #9: State Good Standing

Please upload your organization's current CA State Good Standing.

Eligibility Quiz

Please indicate if you meet the below criteria.

Experience

Has your organization provided services within Los Angeles County, in the funding area for which you are applying, for at least two (2) years prior to the application date (serving clients for at least six months during that period)?

- No
- Yes

Organization Type

Please confirm you are one of the following:

- Non-profit with 501c3 status.
- Tribe in Bureau of Indian Affairs Office and tribe in CA on the contact list maintained by Native American Heritage Commission.
- Business entity (LLC, professional corp).
- Fiscally sponsored organization.

- Yes
- No

Good Standing

Please certify that either:

- Your organization; or
- Your fiscal sponsor (if applicable)

has been registered with the California Secretary of State for at least one (1) year prior to the application deadline and is currently in Good Standing.

- No
- Yes

Los Angeles County Business Registration

Can your organization (or fiscal sponsor, if applicable) demonstrate registration to do business in Los Angeles County and/or the City of Los Angeles at the location where services will be provided prior to contract execution?

- No
- Yes

Headquarters Location

Is your organization's headquarters located within Los Angeles County?

- No
- Yes

County Contract Termination

Has your organization ever had a contract terminated by Los Angeles County?

- No
- Yes

Prior CFCI Funding

Has your organization had CFCI grant funding terminated for cause through a previous grant round?

- No
- Yes

No Funding Toward Current TPAs

Please confirm that neither your organization nor the proposed project is prohibited under the following conflict-of-interest restrictions. Specifically, I certify that:

- No portion of the proposed project, activities, funding, or resources will directly or indirectly benefit any current Year 5 Third-Party Administrator (TPA)—Amity Foundation, Community Partners, Heluna Health, or United Way—or be located on a TPA campus; **and**
- If my organization currently receives fiscal sponsorship for any grant through one of the Year 5 TPAs (Amity Foundation, Community Partners, Heluna Health, or United Way), I am not applying to a solicitation administered by that same fiscal sponsor.

- [ ] I certify that my organization complies with both requirements above and is eligible to apply.

Law Enforcement Purposes

Will any portion of the requested funding be used for law enforcement purposes?

- No
- Yes

I'll do this later Save my profile

Application: 0000000022

CFCI TEST APPLICAN - helunahealthcfcitest@gmail.com
JCOD CFCI Care Grants

Summary

ID: 0000000022
Status: Application Stage

JCOD CFCI Application - Strategy Areas 1 (Diversion, Behavioral Health & Wellness) and 4 (Housing Stability)

Incomplete

Welcome to the Community Funding and Capacity Initiative (CFCI) Care Grants Application.

Thank you for your interest in applying for funding through the Community Funding and Capacity Initiative (CFCI) Care Grants Program administered by Heluna Health on behalf of the Los Angeles County Justice, Care and Opportunities Department (JCOD).

Please review the following instructions carefully before completing your application.

General Instructions

- Complete all required sections of the application.
- Questions marked with an asterisk (*) are required and must be completed prior to submission.
- Applicants may save their work and return to the application at any time before the submission deadline.
- Responses should be clear, concise, and responsive to the question being asked.
- Ensure all uploaded documents are current, complete, and legible.

Program Area Selection

Applicants may apply for one or more eligible Program Areas. Please select all Program Areas for which your organization is seeking funding. Your responses throughout the application should reflect the proposed activities for the selected Program Area(s).

Budget Requirements

- Applicants must upload the County-approved budget template.
- The budget submitted through this application should align with the proposed scope of work and requested funding amount.
- Please review all calculations for accuracy prior to submission.
- Budget information may be reviewed for completeness and consistency during the administrative review process.

Required Attachments

Applicants may be required to upload supporting documentation, including but not limited to:

- W-9 Form
- IRS Determination Letter (if applicable)
- Proof of insurance
- Additional documentation identified in the solicitation materials

Please ensure all required attachments are uploaded before submitting the application.

Submission Review

Before submitting, please verify that:

- All required questions have been answered.
- All required attachments have been uploaded.
- The budget template has been completed and uploaded.
- Upon full submission you will get a confirmation email.

Important: Completing your application is not the same as submitting it. After marking your application complete, return to your dashboard and click Submit Application before the deadline.

After Submission

Upon submission, your application will undergo an administrative review to confirm completeness and compliance with program requirements. Applications meeting all administrative requirements will advance to the next phase of the review process.

Submission of an application does not guarantee funding.

If you experience technical difficulties or have questions regarding the application process, please contact **HHCFCI@pgm.helunahealth.org.**

Thank you for your interest in the Community Funding and Capacity Initiative (CFCI) Care Grants Program.

JCOD CFCI Application - Strategy Areas 1 (Diversion, Behavioral Health & Wellness) and 4 (Housing Stability)

Full Application

Have you received prior CFCI Funding?

If yes, please include the program area and year.

(No response)

Program Area Selection

Please choose the Program Areas you're interested in applying to:

No Responses Selected

Section 1- Organizational Information and Background

Agency/Organization Name

Please enter your organization’s full legal name exactly as it appears on your IRS determination letter or other official documents. **Do not enter a DBA ("doing business as"), trade name, or acronym.**

(No response)

Organization Employer Identification Number (EIN)

Please provide your organization’s Tax Identification Number (TIN). **Do not enter a Social Security Number (SSN) or any other personal identification number.** The TIN should match the number registered with the IRS for your organization.

(No response)

1. What is your organization's mission? **Must limit your response to 100 words.**

(No response)

2. What direct services does your organization currently provide in Los Angeles County? **Must limit your response to 250 words.**

(No response)

3. How are the services you provide relevant to the program area in which you are applying?

(No response)

4. What is the impact of your services and how do you measure the impact of your current services?

(No response)

5. How many years have you been providing these services?

Note: We are seeking organizations or executive staff that have at least 2 years of experience providing direct services that are relevant to the Program Area that they are applying for. **Numbers only.**

(No response)

6. Address where your organization's administrative office is physically located (Headquarters):

(No response)

7. Is your Headquarters located outside of LA County?

(No response)

8. Street Address where services will be provided:

P.O. Boxes will not be accepted.

(No response)

9. City where services will be provided:

(No response)

10. State where services will be provided:

(No response)

11. Zip code where services will be provided:

(No response)

12. Do you currently use the address provided above for services?

Select "Yes" below if you currently provide services at this location. Select "No" if you have never provided services at the above address.

(No response)

13. Will you be partnering with a fiscal sponsor for this request?

(No response)

If yes, please provide the fiscal sponsor's name, EIN and address below. If not, please put N/A.

(No response)

14. Please explain exactly where your services are provided (address, school district, neighborhood, Indigenous community, church community, etc.).

Give as much detail as possible about the location where people go to receive your services.

(No response)

15. Are you currently providing services outside of LA County?

(No response)

16. Mailing address for organization - street name and number:

(No response)

17. Mailing City:

(No response)

18. Mailing State:

(No response)

19. Mailing Zip Code

(No response)

Staff/Board and Leadership Characteristics

Diverse and Representative Staff and Leadership: This funding opportunity is intended to benefit community-based organizations that are led and staffed, at least in part, by Black, Brown, Indigenous, People of Color, Transition-Age Youth, Transgender, Gender Nonconforming, Intersex, LGBQA+, and People with Lived Experience.

Organization Board Members/Trustees

Please list all current board members of your organization. Be sure to include every board member to reflect your organization’s complete and up-to-date leadership.

(No response)

20. What are the percentages of BOARD AND EXECUTIVE LEADERSHIP who identify as / reflect the following races / ethnicities?

Please enter a numerical value for each group, even if that number is 0. Percentages entered below should total 100%.

Asian/Asian-American	(No response)
Black/African-American	(No response)
Caucasian	(No response)
Hispanic/Latine	(No response)
Multi-Racial	(No response)
Native American	(No response)
Native Hawaiian or other Pacific Islander	(No response)
Other (Please describe and provide percent)	(No response)

21. Which community characteristics below best describe your organization's BOARD AND EXECUTIVE LEADERSHIP?

No Responses Selected

22. What are the percentages of DIRECT SERVICES STAFF / VOLUNTEERS who identify as / reflect the following races / ethnicities?

Please enter a numerical value for each group, even if that number is 0. Percentages entered below should total 100%.

Asian/Asian-American	(No response)
Black/African-American	(No response)
Caucasian	(No response)
Hispanic/Latine	(No response)
Multi-Racial	(No response)
Native American	(No response)
Native Hawaiian or other Pacific Islander	(No response)
Other (Please describe and also provide percent)	(No response)

23. Which community characteristics below best describe your organization's DIRECT SERVICES STAFF / VOLUNTEERS?

No Responses Selected

24. Please describe the historically underserved communities your organization serves and how your leadership reflects or engages with those communities.

(No response)

25. What percentages of the communities you serve identify as / reflect the following races / ethnicities?

Please enter a numerical value for each group, even if that number is 0.

Asian/Asian-American	(No response)
Black/African-American	(No response)
Caucasian	(No response)
Hispanic/Latine	(No response)
Multi-Racial	(No response)
Native American	(No response)
Native Hawaiian or other Pacific Islander	(No response)
Other (Please describe and also provide percent).	(No response)

26. Describe your organization’s experience and impact working with communities related to the funding area you are applying to in Los Angeles including partnerships, cultural competency or community ties.

Include specific examples and statistics that demonstrate your track record of service for these populations.

(No response)

27. What was your total annual organizational revenue in FY 2024?

(No response)

28. If your annual organizational revenue is over $1.5 million, enter the total below.

If not, or if this question does not apply to your organization, enter “N/A”.

(No response)

29. If you would like us to consider additional information, please add it here.

(For example, you may want to explain if your budget in 2024 was larger or smaller than usual because of an increase/decrease in funds or you received a large one-time donation that made your budget seem larger than it usually is.) If not, or if this question does not apply to your organization, enter “N/A”. Must limit your response to 100 words.

(No response)

30. If your annual organizational revenue is over $1,500,000 a year, do you intend to subcontract at least 50% of your proposed budget to organizations with annual revenues of less than $1.5M? If so, how do you plan to do so?

If not, please enter “N/A”. Must limit your response to 250 words.

(No response)

31. Does the applicant have any outstanding financial audit claims IN THE LAST 5 YEARS?

If yes, please describe the nature of the financial claim, the amount, and the date of the claim. Be sure to let us know if the issue has been resolved, or if it is ongoing, and why. When do you expect the issue to be resolved?

(No response)

32. Have you ever received a grant, funded contract, and/or funding from Los Angeles County?

(No response)

If yes, how much funding did you receive and what was the funding source (department or office that awarded the funds)?

If you have many county grants and contracts, list the top three from the last 12-24 months:

	Amount of Funding	Funding Source (department or office that awarded the funds)
Contract/Grant #1		
Contract/Grant #2		
Contract/Grant #3		

34. Is your organization currently receiving CFCI funding in Program Areas 1–46? If yes, please list the specific program(s).

(No response)

Section 2- Request

Strategies 1 and 4: Diversion, Behavioral Health & Wellness and Housing Stability

35. Describe the services your proposed project will deliver to participants/community that will relate directly to this program area. Must limit your response to 500 words.

(No response)

36. How will participants find out about your program and enroll in your program?

(No response)

37. Describe your intake and/or screening process.

(No response)

38. In which languages will you provide services?

Note: You can list languages spoken by staff and languages for which your organization has access to interpreters / translation. Must limit your response to 100 words.

(No response)

39. What are your techniques for engaging diverse participants using culturally appropriate outreach and services?

For example, if you serve Indigenous or Transgender or Youth participants, what are the things you will do to reach them, and how will you keep them engaged in your program? Must limit your response to 500 words.

(No response)

40. On which days of the week and between what hours do you intend to provide services? (e.g., Monday, 9:00 a.m.–1:00 p.m.)

(No response)

41. How many total hours per week will your project provide direct services?

(No response)

42. How many unduplicated people/participants per year do you intend to serve with the funding amount that you are requesting?

Provide a number response.

(No response)

43. What project accomplishments do you plan to achieve over the first year of your program (Q1- Q4)?

For instance, will you recruit, hire or train new employees or deliver a specific quantity of services, or engage new participants?

List four accomplishments that relate to implementing your proposed project, one for each quarter. Examples of accomplishments are listed below as a reference:

- Example: “Q1: Recruit, hire, and train one new Manager”
- Example: “Q2: Enroll 20 new participants in our program”
- Example: “Q3: Table at 4 events and engage at least 50 people”
- Example: “Q4: Expend all funds on programming by program end date”

Must limit your response to 100 words.

(No response)

44. What are some measurable outcomes related to the implementation of your accomplishments?

Outcomes should indicate that your program or project is having the intended effect on your participants / community. They are measurable, and show an increase or decrease in events, conditions, or behaviors.

Examples of measurable outcomes might include:

- Example: “Outcome 1 – Hiring 2 new Case Managers w ill increase the number of participants served by 50%” (related to Q1 accomplishment)
- Example: “Outcome 2 – 85% of participants served by our Pro ram w ill increase job readiness through skills” (related to Q2 accomplishment)
- Example: “Outcome 3 – 30% or more of our Program participants w ill be placed in interim housing ” (related to Q3 accomplishment)
- Example: “Outcome 4 – 60% of participants placed in a paid job or internship ill retain their employment for 6 months or more” (related to Q1 and Q4 accomplishments)

Must limit your response to 100 words.

(No response)

45. How will your accomplishments and outcomes meet the needs of the Program Area, your service population, and community?

Must limit your response to 250 words.

(No response)

46. What is the total amount of funding over 12 months that you are requesting in this application?

This amount should be the same as Cell B3 in the Budget Form, “Total Amount for Entirety of Project.” Provide a number response.

NOTES:

- You must ask for the same amount in each program year.
- Program / Project Budgets may be adjusted by The TPA; your organization’s formal agreement to the changes will be required in order to receive funding.

(No response)

47. What is the estimated cost per student/participant per year for this program?

Please indicate how much it will cost your organization to support one participant for the year.

(No response)

Section 3- Service Areas and Demographics

Organizations in and serving ZIP codes determined to be highest need / lowest services will be prioritized for award. The TPA will use the Justice Equity Needs Index (JENI) to help determine high need. You can access the index at this link: JENI. The TPA will use the Justice Equity Services Index (JESI) to help determine low services. You can access the index at this link: JESI.

48. We understand that the JENI and JESI tools do not necessarily capture all high need populations with low services access. If you believe the JENI and JESI do not capture needs of your service population, tell us more, below.

Feel free to use the above community characteristics, such as low income, Black, recent immigrant, etc. Enter “N/A” if your service ZIP code is highest need / lowest services or if this question is otherwise Not Applicable. Must limit your response to 250 words.

(No response)

49. What is the Supervisor District that corresponds to your Administrative Offices / Headquarters address?

You can find this information at LA VOTE PRECINCT MAPS

(No response)

50. In which Supervisorial District are the services you are proposing going to be physically located? Select all that apply.

You can find this information at LA VOTE PRECINCT MAPS

No Responses Selected

51. In which Service Planning Areas (SPAs) are your organizational headquarters physically located?

For more information or for help identifying which Service Planning Areas to select, take a look at the LA County Department of Public Health Service Planning Areas.

(No response)

52. In which Service Planning Areas (SPAs) would the services you are proposing be physically located? Select all that apply.

For more information or for help identifying which Service Planning Areas to select, take a look at the LA County Department of Public Health Service Planning Areas.

No Responses Selected

53. List the ZIP codes you intend to serve with the project or program that you are proposing in this application.

Only list ZIP codes where you provide the majority of your services and/or conduct most of your outreach and recruiting.

(No response)

54. Click to select the ranges below that best describe the ages of the people your program or project will serve.

Select “All Ages” if you will serve all ages; otherwise, select as many as apply. PLEASE DO NOT SELECT EVERY RANGE

No Responses Selected

55. Click to select the options below that best describe the race/ethnicity of the people your proposed program or project will serve. Select all that apply.

No Responses Selected

56. Select the options below that best describe the gender of the people your program or project will serve. Select all that apply

No Responses Selected

57. Select the characteristics below that best describe the population your program or project will serve. Select all that apply.

No Responses Selected

58. What areas of technical assistance are you interested in? Select all that apply.

No Responses Selected

Attachments

Attachment #1: Documentation of Organization’s Annual Revenue

Most Recent Tax Return (2023 or later) (IRS form 990, 990N, 990EZ, 990 postcard, 8879-TE, 568, or 1120- S).

If you are using a fiscal sponsor please upload the fiscal sponsor's information as well as documentation of your relationship.

Accepted file formats include PDF, DOC/DOCX, XLS/XLSX, JPG, and PNG. Please upload documents in a commonly accessible format.

Attachment #2: Proof of Professional Status

Please name your attachment: Attachment 2 Proof of Professional Status - Name of Organization.

Upload one of the following:

A. Proof of nonprofit 501(c)(3) status as determined by the Internal Revenue Service.

B. Fiscal sponsor documentation.

C. Documentation that proves the organization to be a business entity with at least one (1) year of administrative experience in the Program Area for which the service provider is submitting the application (e.g., Limited Liability Corporation (LLC) determination, Professional Corporation determination, Certificate of Good Standing with the State of California).

D. If you do not have the documents described in (A), (B), or (C), attach a letter signed by your authorized official stating that “[NAME OF ORGANIZATION] is submitting this application with the willingness and intent to enter into an agreement with a fiscal sponsor prior to contract execution. "

Accepted file formats include PDF, DOC/DOCX, XLS/XLSX, JPG, and PNG. Please upload documents in a commonly accessible format.

Attachment #3: Insurance Documentation

Please name your attachment: Attachment 3 - Insurance Documentation - Name of Organization.

One of the below (A, B, or C). Only ONE of these is required:

A. Certificate of Insurance (COI) with your current insurance provider.

B. A cost quote on the above listed coverages from an insurance broker.

C. If you cannot provide either (A) or (B), attach a letter signed by your authorized official stating that “[NAME OF ORGANIZATION] attests that we do not have any insurance policies or coverage at this time. [NAME OF ORGANIZATION] understands that we will be responsible for meeting required insurance limits prior to contracting.”

Accepted file formats include PDF, DOC/DOCX, XLS/XLSX, JPG, and PNG. Please upload documents in a commonly accessible format.

Attachment #4: Completed Budget Form

Please name your attachment - Attachment 4 - Budget - Name of Organization.

Only budgets submitted using the Budget Template provided by Heluna Health will be accepted. Only excel files will be accepted for this attachment. Note that once you choose your file you will need to click on the Click or drop files here to upload button in order to add your Budget Form to your application. Please name your attachment - Attachment 4 - Budget - Name of Organization.

Attachment #5: Two Years of Recent Financial Statements (audited preferred, if available)

Please upload the last two years of your organization's most recent financial statements. Audited statements are preferred if available. For organizations applying with a fiscal sponsor, include both your organization's financial statements and your fiscal sponsor's.

Note: In California, a nonprofit is required by state law to undergo an independent financial audit if its annual gross revenue reaches $2 million or more, excluding government grants that require separate accounting. Additionally, federal law mandates an audit if the nonprofit expends $750,000 or more in federal funds in a fiscal year.

Attachment #6: Business License

Applicants (or fiscal sponsor, if applicable) must be registered to do business in Los Angeles County or the City of Los Angeles at the location where services will be provided. Please upload documentation such as a business license or tax registration certificate demonstrating your organization meets this requirement.

Attachment #7: Fiscal Sponsorship and Project Agreement, if applicable

For fiscally sponsored organizations, please upload a signed copy of your agreement outlining the nature of the fiscal sponsorship relationship. If you already uploaded a fiscal sponsorship document for Attachment 2, please use this attachment for any additional fiscal sponsorship documents.

Attachment #8: Additional Supporting Documents

Please upload any additional supporting documents such as news articles, flyers, or other examples of past programming. No more than 3 attachments.

Attachment #9: State Good Standing

Please upload your organization's current CA State Good Standing.

Important Final Step

You have reached the end of the application. Completing this form does not submit your application for funding. After clicking Mark Complete, you must return to your Applicant Dashboard and click Submit Application before the deadline. Applications that are marked complete but not submitted will not be reviewed.

No Responses Selected