LOS ANGELES COUNTY
JUSTICE CARE AND OPPORTUNITIES
DEPARTMENT

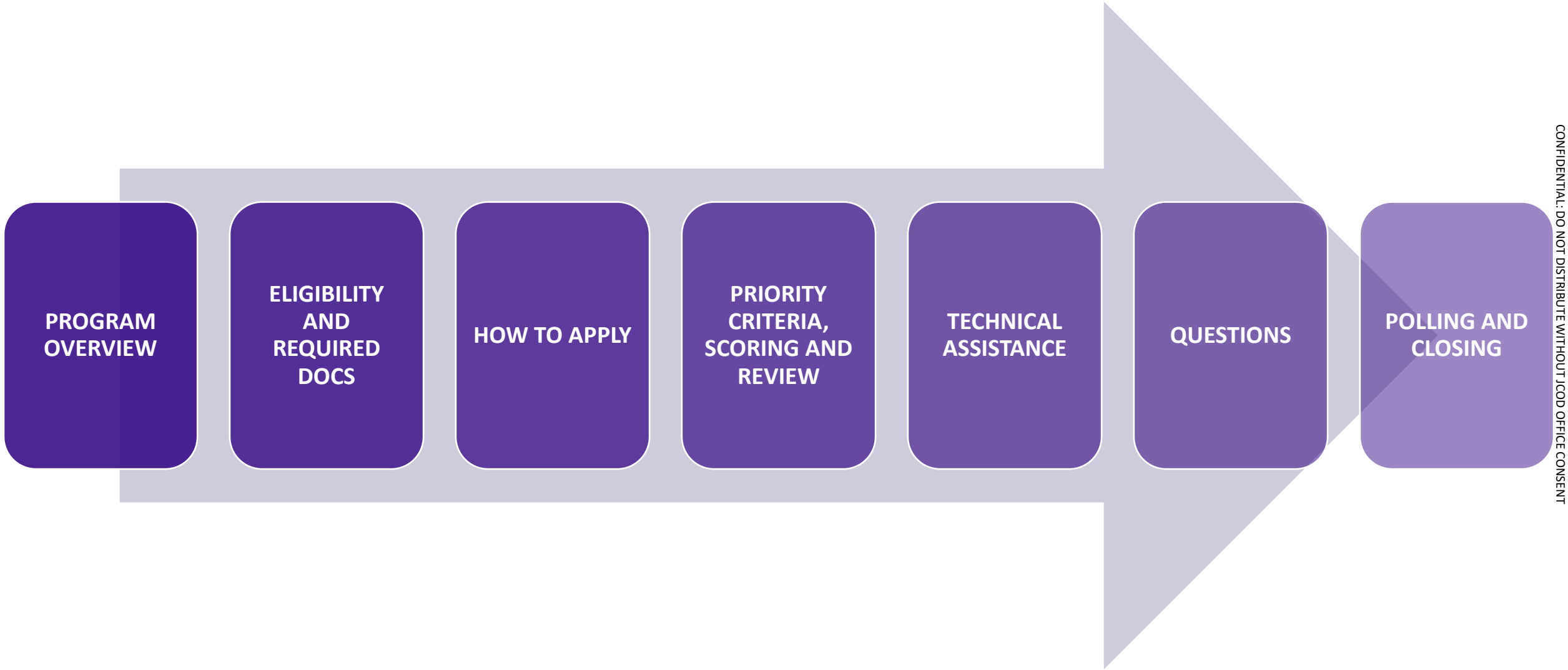
Community PARTNERS®

CFCI Year 5 Care Grants Informational Webinar

Strategy 3: Education Access & Youth Development

Strategy 5: Reentry & Community Reintegration

AGENDA



PROGRAM OVERVIEW
JCOD CARE FIRST COMMUNITY INVESTMENT (CFCI)

HISTORY

- On November 3, 2020, voters approved Measure J to set aside at least 10% of the County's general fund to address systemic racism through direct community investment and alternatives to incarceration.

CARE FIRST COMMUNITY INVESTMENT (CFCI)

- CFCI implements core Measure J policies and includes an Advisory Committee.

JUSTICE, CARE & OPPORTUNITIES DEPARTMENT (JCOD)

- JCOD was created by the Board of Supervisors in November 2022 and is now responsible for the stewardship of CFCI.

INVESTMENT

- CFCI adheres to the spirit of Measure J 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.

PROHIBITIVE USE OF FUNDS

- In addition, CFCI prohibits using these funds for carceral systems and law enforcement agencies.

PROGRAM OVERVIEW
JCOD CFCI YEAR 5 INVESTMENTS

Community Partners is one of multiple organizations selected to act as Third-Party Administrators (TPA) to manage and distribute a portion of funds included in the CFCI spending plans.

Strategy 1: Diversion, Behavioral Health & Wellness *(Heluna Health)*

Strategy 2: Economic Opportunity & Sustainability *(United Way)*

Strategy 3: Education Access & Youth Development *(Community Partners)*

Strategy 4: Housing Stability *(Heluna Health)*

Strategy 5: Reentry & Community Reintegration *(Community Partners)*

To learn more about applying to all of the Year 5 Program Areas, visit:
https://jcod.lacounty.gov/program/care-first-community-investment-cfci-year-5-care-grants/

STRATEGY 3-EDUCATION ACCESS & YOUTH DEVELOPMENT

Youth Mentorship & Counseling

- *Transformative, Culturally Affirming Support for System-Impacted and Underserved Youth*

School Based interventions

- *Trauma-Informed, Culturally Responsive Educational Equity and Wellness Programs*

Leadership Development

- *Youth Empowerment, Civic Belonging, and Culturally Rooted Organizing*

Youth Engagement & Youth Prevention

- *Community-Rooted Programs for Healing, Growth & Belonging*

STRATEGY 5-REENTRY & COMMUNITY REINTEGRATION

- Mentorship Programming
- General Wraparound Reentry Services
- General Workforce Development for Youth
- Creative Healing for Justice-Involved Individuals
- Unique Employment Opportunities
- General Systems Navigation Services
- Reentry Symposiums in Antelope Valley and Pomona
- Empowering and Mentoring TGI Aging Populations

PROGRAM TIMELINE

Activity	Date
Application Opens	Friday, July 24, 2026 at 9:00 AM PDT
Application Informational Webinars	July 29, Aug 5 & Aug 12
Application Office Hours	July 30, Aug 4, Aug 6, Aug 11, Aug 13, Aug 18, Aug 19
Written Questions Accepted	July 24 – Aug 11, 2026, 5:00 PM PDT
Application Due	Monday, August 24, 2026 at 11:59 PM PDT
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*

PROGRAM OVERVIEW

ELIGIBILITY AND REQUIRED DOCUMENTATION

ELIGIBLE ORGANIZATIONS	GOOD STANDING	BUSINESS REGISTRATION IN LA COUNTY/LA CITY	NO TERMINATIONS FOR CAUSE	NO FUNDING TOWARD CURRENT TPA'S
• Non-profits with 501c3 status. Tribes in Bureau of Indian Affairs Office and tribes in CA on the contact list maintained by Native American Heritage Commission. • Business entities (LLC, professional corporation). • Fiscally sponsored organization.	• 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." • 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 (business license/tax registration certificate) at the location where services will be provided. • Documentation will be required prior to contract execution.	• 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.	• Funding may not go to projects that benefit the Year 5 TPAs including Amity Foundation, Community Partners, Heluna Health, and United Way, nor any Amity Foundation, projects that take place on TPA campuses. • Funding that may benefit the TPAs in any way will not be considered for award.

NO FUNDS ARE TO BE USED FOR LAW ENFORCEMENT PURPOSES

FISCALLY SPONSORED ORGANIZATIONS

Fiscal Sponsor Agreement

- At submission deadline, you must have a signed agreement in place with a fiscal sponsor.

Qualifying Fiscal Sponsors

- Fiscal sponsors must be a nonprofit organization demonstrating sufficient experience including fiduciary oversight, financial management, insurance, and/or other administrative services to smaller organizations outside of / in addition to the applicant.

Location Of Fiscal Sponsor

- 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."

Fiscal Sponsor Insurance

- Fiscal sponsor must be willing to obtain insurance with required amounts of coverage, and name the applicant (provider organization), County, and TPAs as additional insured.

Fiscal Sponsor Review

- TPA will, at its sole discretion, determine if a fiscal sponsor's documentation is sufficient and acceptable, or if additional information is needed. TPA reserves the right to disqualify an applicant based upon review of a fiscal sponsor's experience and documentation.

No Applications To Fiscal Sponsor

- Organizations with fiscal sponsorship for current grants (CFCI and other funding sources) with any Year 5 TPA including Amity Foundation, Community Partners, Heluna Health, and United Way may not apply for solicitations run by their fiscal sponsor.

PROGRAM OVERVIEW

APPLICANT ELIGIBILITY CRITERIA – EXPERIENCE/GEOGRAPHY

Minimum 2 years of experience

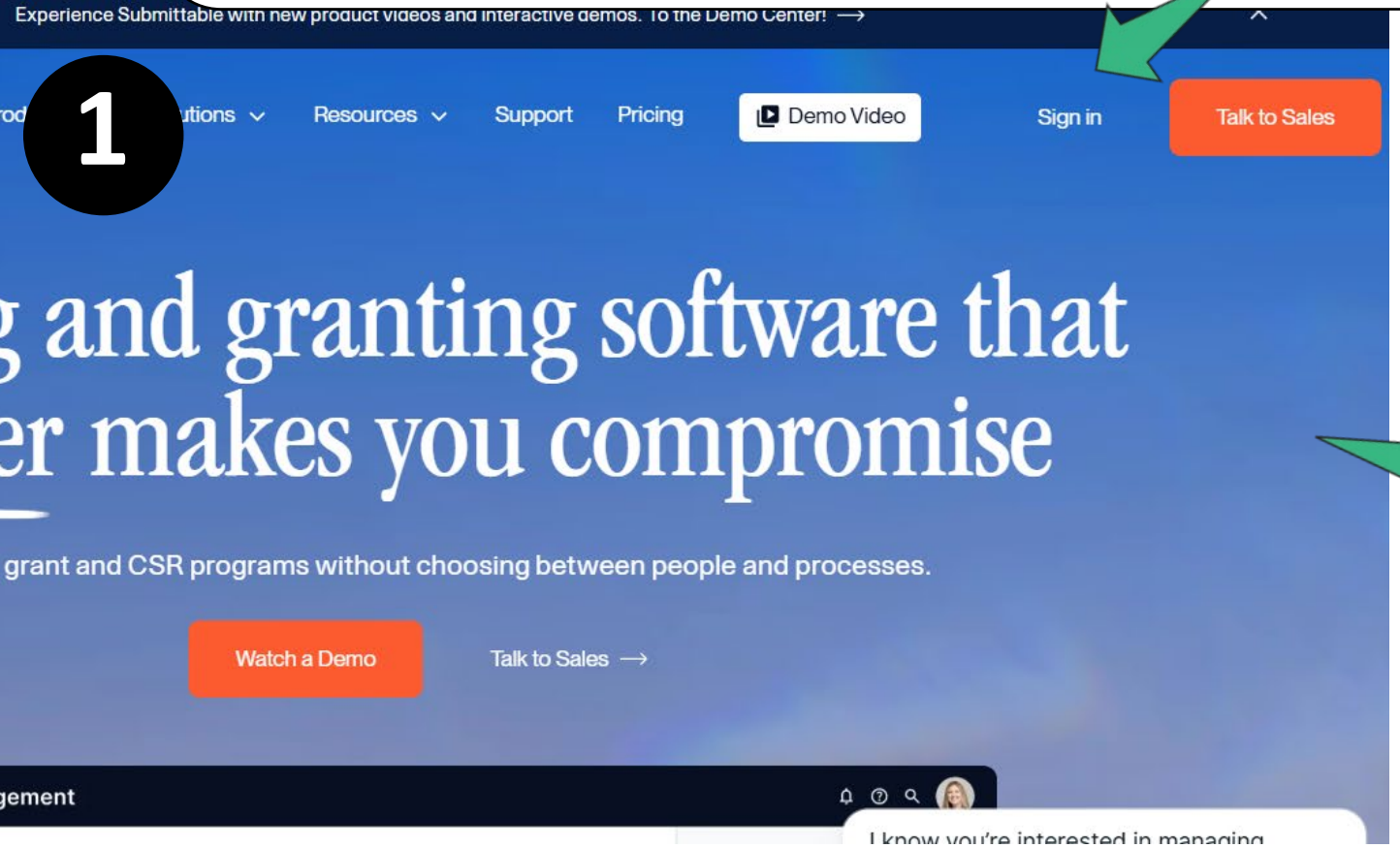
- Applying organizations must have provided services (served clients for at least 6 months out of the last 2 years through direct service or other means depending on client population) within the County of Los Angeles for at least 2 years prior to the date of application, in the area they are seeking funding for.
- Proof may include but is not limited to letters of recommendation, copies of contracts, attestation of experience.

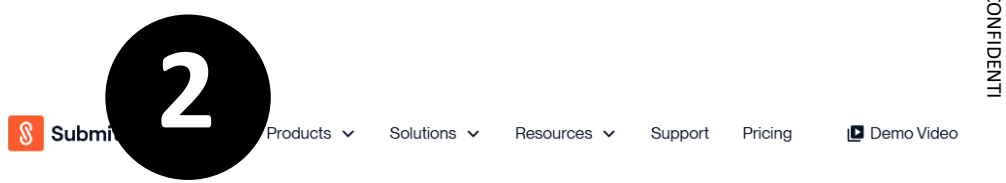
Geographic requirements

- 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.
- 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.

ACCESSING THE APPLICATION
STEP 1: CREATE OR SIGN INTO YOUR SUBMITTABLE ACCOUNT.

https://www.submittable.com





Sign In

Submittable, WizeHive, and Bright Funds are now one! We continue to support all product experiences.

Choose which software to sign in to:
Submittable
Bright Funds
Zengine

If you're a Next (formerly NextZen) customer, sign in using your custom Next link. Contact Support for help.
Nonprofit? Learn more about Bright Network and register a nonprofit

Watch an overview on Submittable here:
https://youtu.be/Bb4Nqqj5k5g

ACCESSING THE APPLICATION
STEP 2: VISIT JCOD CFCI YEAR 5 LANDING PAGE

https://jcod.lacounty.gov/program/care-first-community-investment-cfci-year-5-care-grants/

ACCESSING THE APPLICATION
STEP 3: SCROLL DOWN TO "ACCESSING THE APPLICATION"

Note: The Strategy 3 and Strategy 5 application link will both take you to the same Community Partners application.

Strategy 3: Education Access & Youth Development

Program Areas

- Youth Mentorship & Counseling: Transformative, Culturally Affirming Support for System-Impacted and Underserved Youth
- School Based interventions: Trauma-Informed, Culturally Responsive Educational Equity and Wellness Programs
- Leadership Development: Youth Empowerment, Civic Belonging, and Culturally Rooted Organizing
- Youth Engagement & Youth Prevention: Community-Rooted Programs for Healing, Growth & Belonging

Application Resources

👀 Review First – PDF of Full Strategy 3 Application

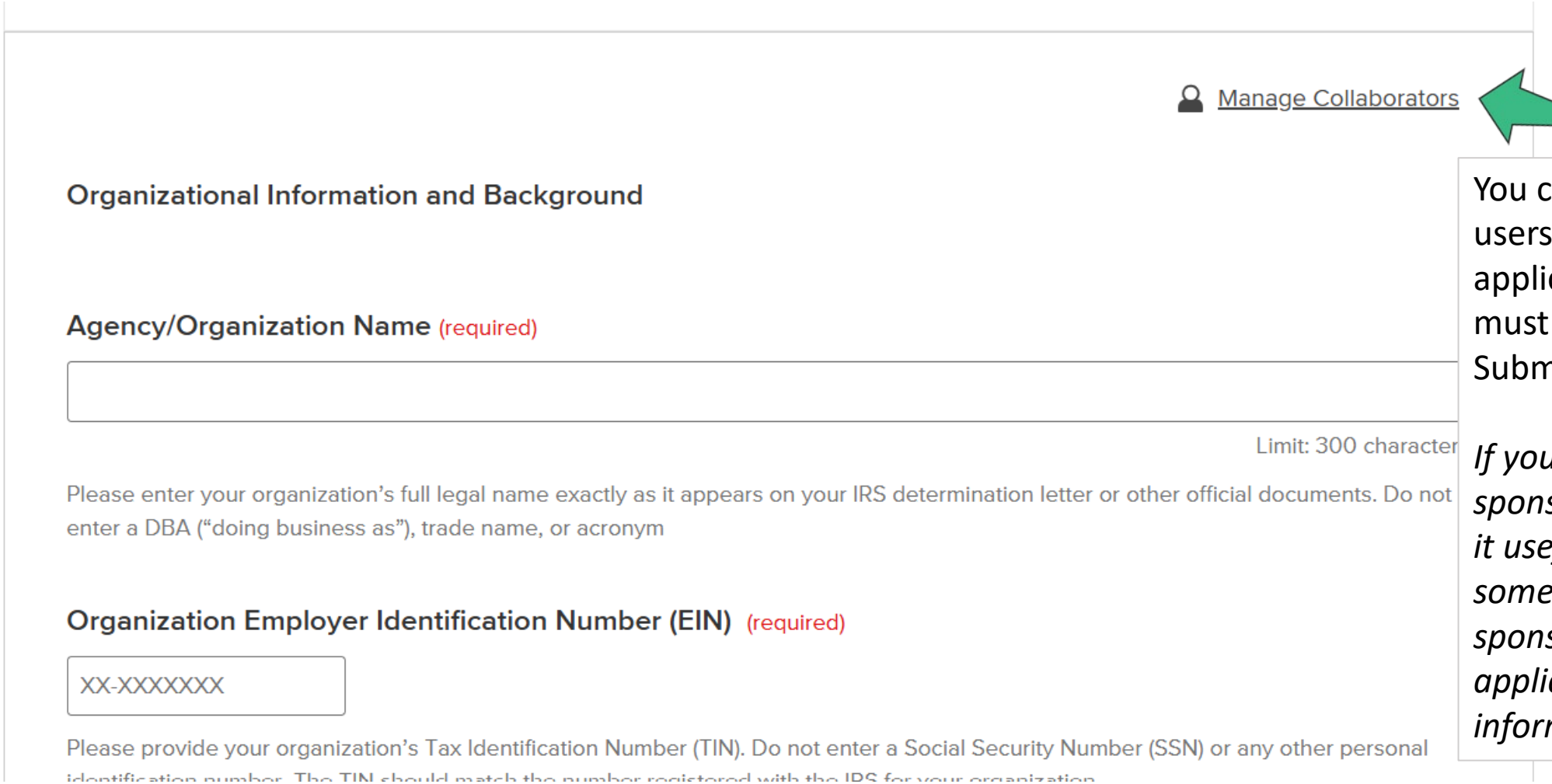
🔎 Strategy 3 FAQ

💰 Budget Template (File Will Automatically Download to Your Device)

STRATEGY 3 APPLICATION LINK*

*NOTE: NO PAPER OR EMAIL SUBMISSIONS WILL BE ACCEPTED. ONLY APPLY USING THIS LINK.

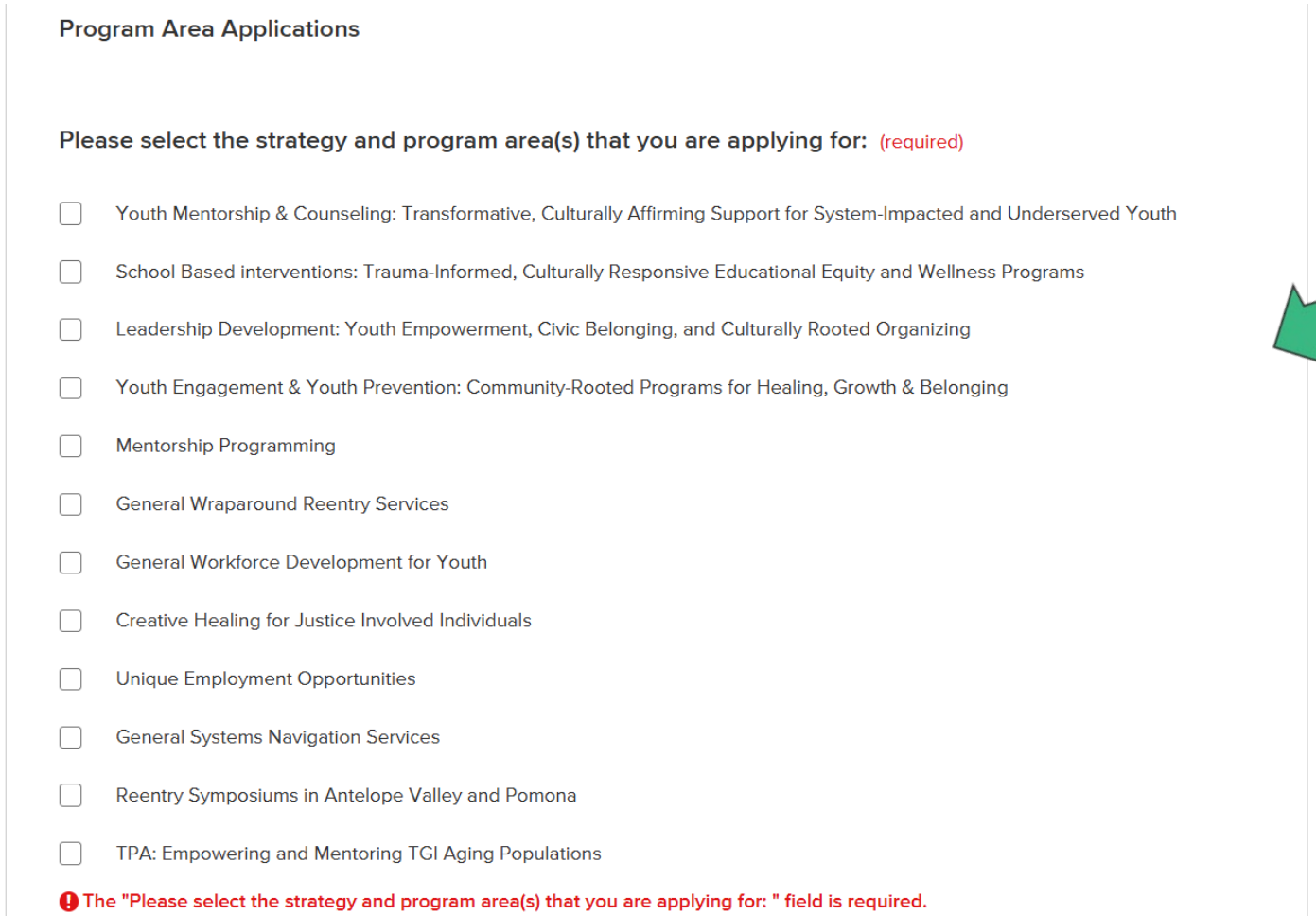
THE APPLICATION
TIPS: MANAGING COLLABORATORS



You can connect multiple users to your application. Each user must have their own Submittable account.

If you are fiscally sponsored, you may find it useful to include someone from your fiscal sponsor to help fill out application information/uploads

THE APPLICATION
TIPS: APPLYING TO MULTIPLE PROGRAM AREAS



Program Area Applications

Please select the strategy and program area(s) that you are applying for: (required)

- [ ] Youth Mentorship & Counseling: Transformative, Culturally Affirming Support for System-Impacted and Underserved Youth
- [ ] School Based interventions: Trauma-Informed, Culturally Responsive Educational Equity and Wellness Programs
- [ ] Leadership Development: Youth Empowerment, Civic Belonging, and Culturally Rooted Organizing
- [ ] Youth Engagement & Youth Prevention: Community-Rooted Programs for Healing, Growth & Belonging
- [ ] Mentorship Programming
- [ ] General Wraparound Reentry Services
- [ ] General Workforce Development for Youth
- [ ] Creative Healing for Justice Involved Individuals
- [ ] Unique Employment Opportunities
- [ ] General Systems Navigation Services
- [ ] Reentry Symposiums in Antelope Valley and Pomona
- [ ] TPA: Empowering and Mentoring TGI Aging Populations

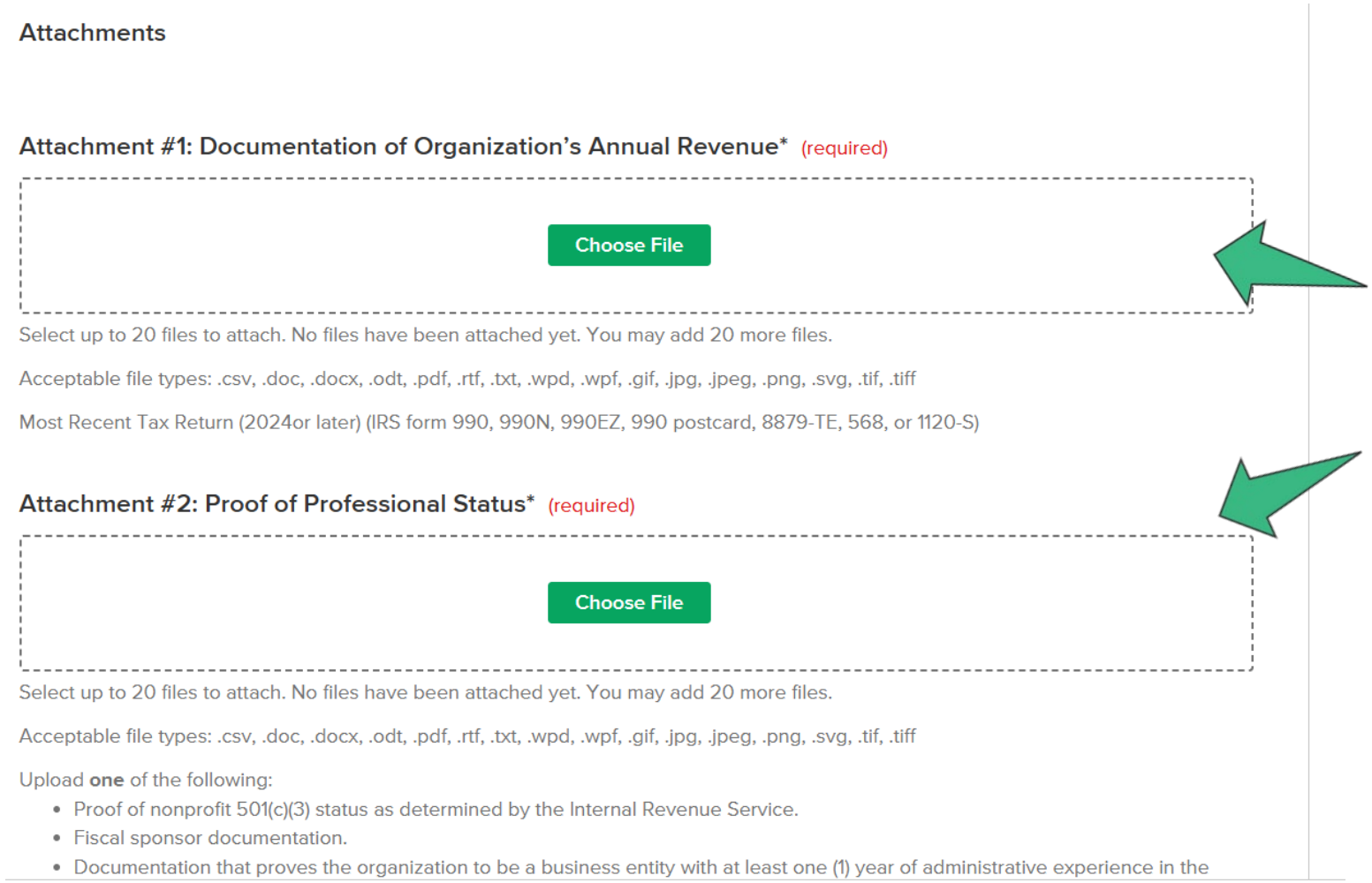
The "Please select the strategy and program area(s) that you are applying for: " field is required.

The program area specific questions will not appear until you select which you are applying for.

<u>Select as many as you wish to apply for</u>

The questions are the same for each program area. Be sure to answer specifically to the relevant program area, and refer to the full program descriptions when answering the questions.

THEAPPLICATION
TIPS: UPLOADING REQUIRED ATTACHMENTS



There are 7 required uploads (2 optional).

We prefer PDF for most uploads, but we will accept image files.

*Attachment 4 - Project Budget **MUST** be uploaded in Excel or equivalent file format using the template provided

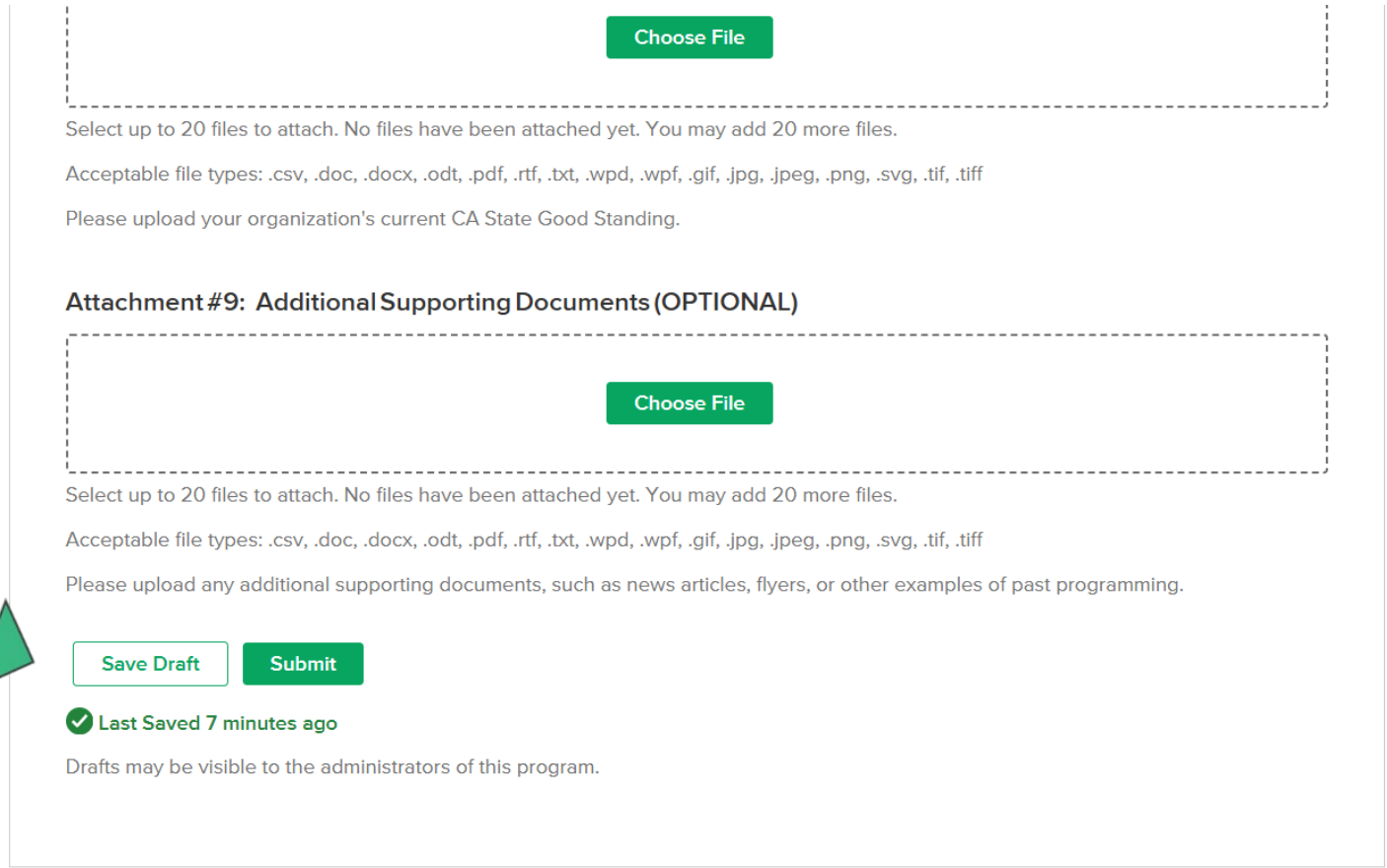
THE APPLICATION TIPS: SAVING YOUR DRAFT

The application should save automatically as you work.

<u>Be sure to hit "Save Draft" button located at the bottom of the page to make sure your work is saved before you exit the window.</u>

When you are ready to submit, hit the "Submit" button.

Be sure you are completely finished with the application. If you need to make changes after you submit, you will need to email us and we will try to accommodate your request. No edit requests will be accepted after the application period closes.



THE APPLICATION
FINANCIAL QUESTIONS OVERVIEW

What financial system do you currently use?	Documentation of Organization's Annual Revenue	What is COI (Certificate of Insurance)?	IRS Determination Letter
Two (2) Years most recent Audited Statements, **or**	Two (2) Years most recent 990 Tax Return **AND** Two (2) Years most recent Organization Operating Budgets.	What if I subcontract non-personnel?	Budget Form overview

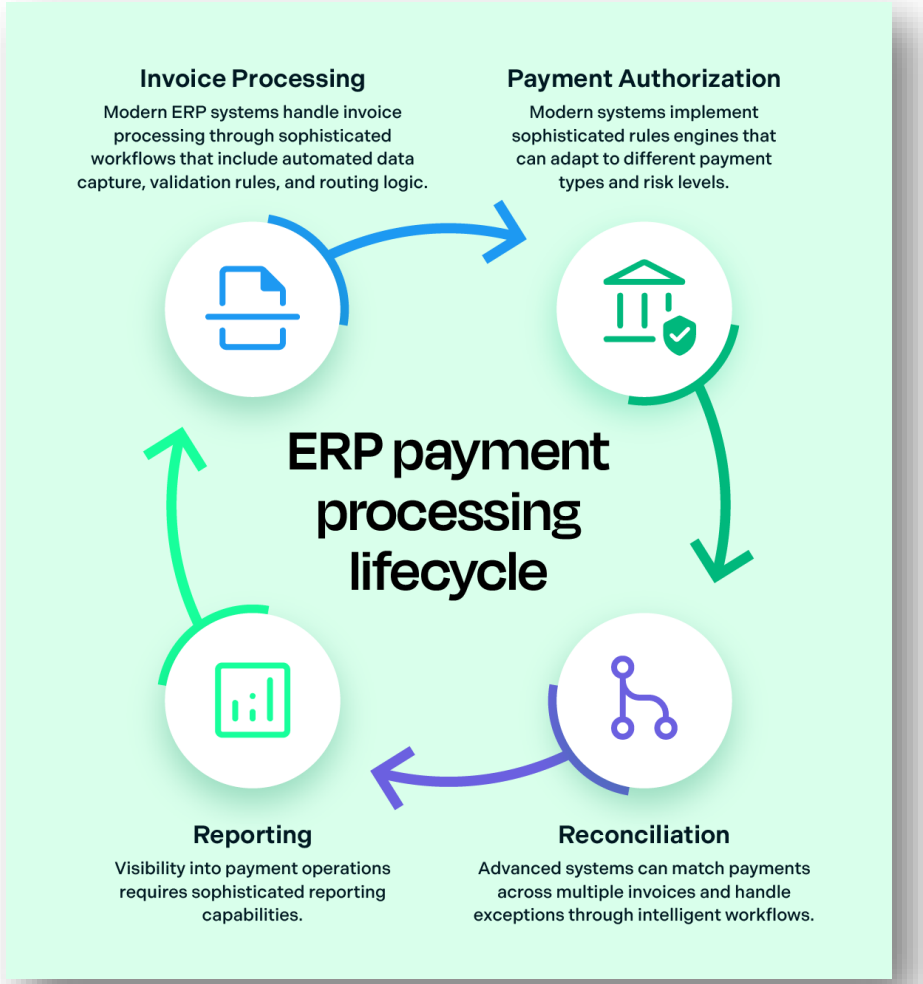
THE APPLICATION
WHAT FINANCIAL SYSTEM DO YOU USE?

Financial system examples

- SAGE
- SAP
- MS Great Plans
- NetSuite
- QuickBooks Online

Not Acceptable

- Word
- Google Docs



THE APPLICATION
ANNUAL REVENUE AND FINANCIAL STATEMENTS

Annual Revenue

- Audited Financial Statements
- 990 Tax Form
- Other Business Tax returns
- Operational Budget
- For organizations applying as a fiscally sponsor, include financial statements for your fiscal sponsor.

Financial Statements

- Please upload the last two years of your organization's most recent financial statements. Audited statements are preferred.
- For organizations applying as a fiscally sponsor, include financial statements for your fiscal sponsor.

THEAPPLICATION-INSURANCE REQUIREMENTS

Provide your current proof of insurance. If awarded you will be required to provide current certificate of insurance, requirements, and endorsements.

S-A-M-P-L-E

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: XXXXXXXXXXXXXX

CONTACT NAME:

PHONE (A/C, No, Ext): FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE — NAIC #

INSURER A: XXXXXXXXXXXXXX — XXXX

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED: XXXXXXXXXXXXXX

COVERAGES — CERTIFICATE NUMBER: — REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY — CLAIMS-MADE / OCCUR			XXXXXXXXXXXXXX	XX/XXXX	XX/XXXX	EACH OCCURRENCE $ 1,000,000
				MINIMUM LIMITS —>>>>			DAMAGE TO RENTED PREMISES (Ea occurrence) $
							MED EXP (Any one person) $
							PERSONAL & ADV INJURY $ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC						GENERAL AGGREGATE $ 2,000,000
							PRODUCTS - COMP/OP AGG $ 1,000,000
	OTHER:						$
	AUTOMOBILE LIABILITY — ANY AUTO / OWNED AUTOS ONLY / SCHEDULED AUTOS / HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $
							BODILY INJURY (Per person) $
							BODILY INJURY (Per accident) $
							PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB / EXCESS LIAB — OCCUR / CLAIMS-MADE						EACH OCCURRENCE $
	DED / RETENTION $						AGGREGATE $
							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY — ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER STATUTE / OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT $
							E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE COUNTY OF LOS ANGELES, ITS SPECIAL DISTRICTS, ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE INCLUDED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

COUNTY OF LOS ANGELES
JUSTICE, CARE AND OPPORTUNITIES DEPARTMENT
500 WEST TEMPLE ST., ROOM 100
LOS ANGELES, CA 90012

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

S-A-M-P-L-E

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
THE COUNTY OF LOS ANGELES, ITS SPECIAL DISTRICTS, ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS AS INSURED FOR ALL ACTIVITIES ARISING FROM SUBSEQUENT AGREEMENT, 500 WEST TEMPLE ST., ROOM 100, LOS ANGELES, CA 90012
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

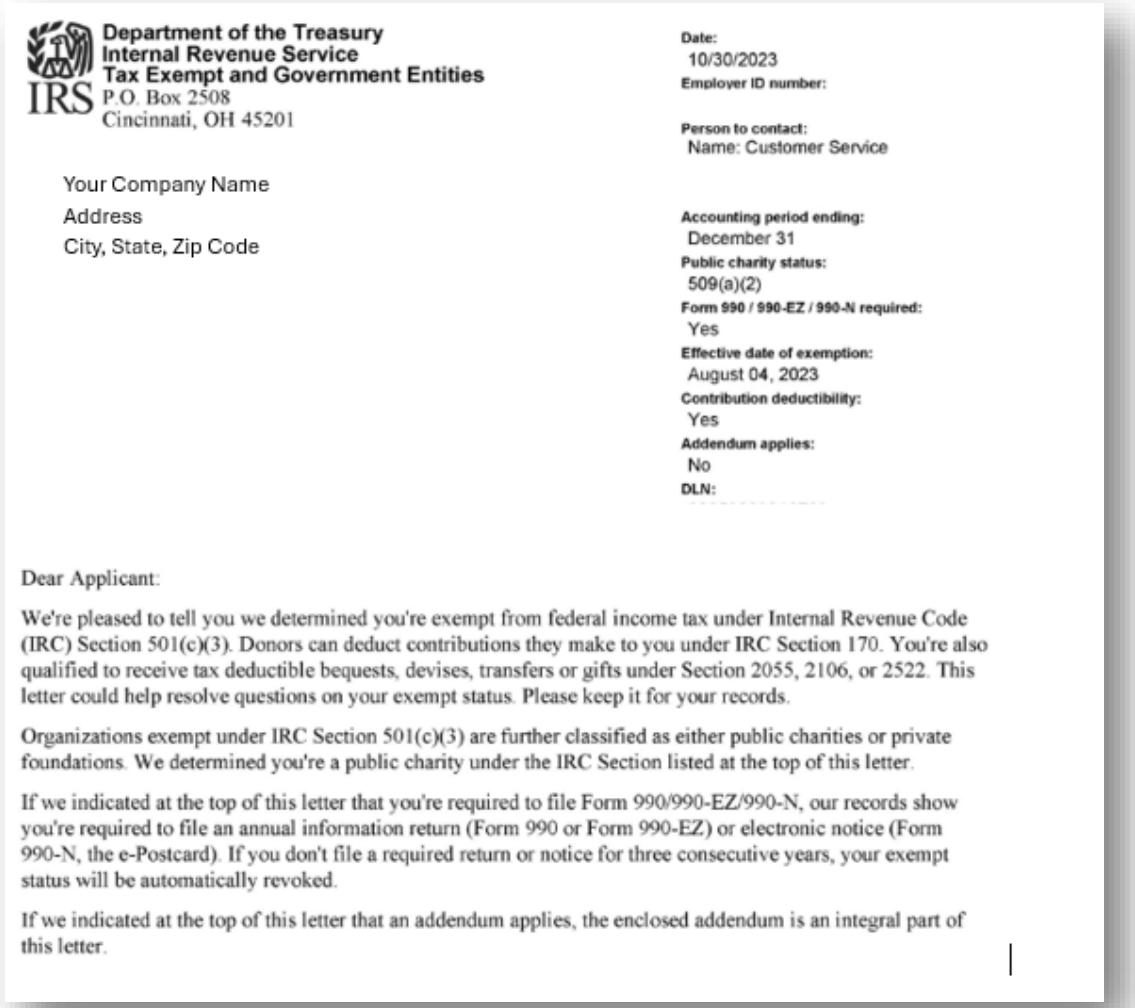
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THEAPPLICATION
FINANCIAL QUESTIONS OVERVIEW

Acceptable support

An IRS determination letter is an official document issued by the Internal Revenue Service that confirms an organization's tax-exempt status under section 501(c)(3) or other applicable sections of the Internal Revenue Code. To obtain a copy of your determination letter, you can fill out IRS Form 4506-B and submit it to the IRS.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date: 10/30/2023
Employer ID number:
Person to contact: Name: Customer Service

Your Company Name
Address
City, State, Zip Code

Accounting period ending: December 31
Public charity status: 509(a)(2)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: August 04, 2023
Contribution deductibility: Yes
Addendum applies: No
DLN:

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

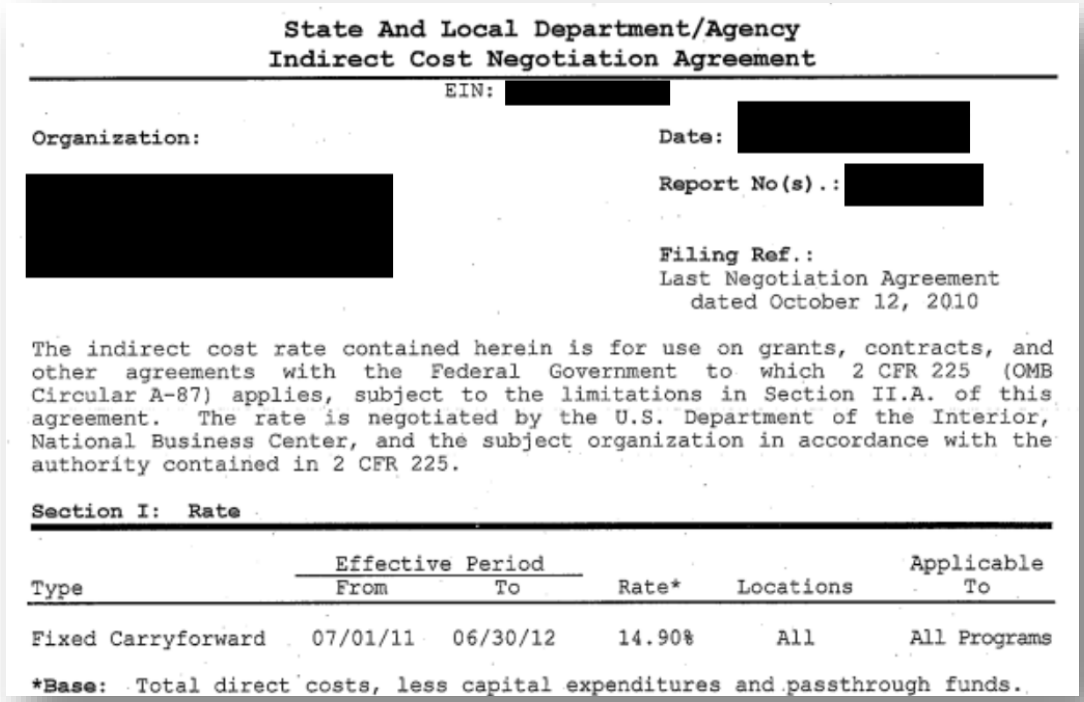
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

THE APPLICATION
ELIGIBLE INDIRECT COSTS

Acceptable documentation

- Project Management Costs (Indirect Costs) capped at 15%
- You can claim a NICRA (Negotiated Indirect Cost Rate Agreement), if so you must upload your current NICRA agreement



State And Local Department/Agency
Indirect Cost Negotiation Agreement

EIN: [redacted]

Organization: [redacted]

Date: [redacted]

Report No(s).: [redacted]

Filing Ref.:
Last Negotiation Agreement
dated October 12, 2010

The indirect cost rate contained herein is for use on grants, contracts, and other agreements with the Federal Government to which 2 CFR 225 (OMB Circular A-87) applies, subject to the limitations in Section II.A. of this agreement. The rate is negotiated by the U.S. Department of the Interior, National Business Center, and the subject organization in accordance with the authority contained in 2 CFR 225.

Section I: Rate

Type	Effective Period From	To	Rate*	Locations	Applicable To
Fixed Carryforward	07/01/11	06/30/12	14.90%	All	All Programs

***Base:** Total direct costs, less capital expenditures and passthrough funds.

THE APPLICATION-BUDGET TEMPLATE

Year 3 Care First Community Investment Budget Form

Name of Organization:	**Sample Organization**				
Strategy & Program Area (click light blue cell to view drop-down button on the right):	**Strategy 2: Entrepreneurship Programming**				
Total Amount for Entirety of Project (YEARS 1, 2, and 3):	**$**				**364,423.50**
NOTE: The Total Project Budget for EACH YEAR must be identical. You may not ask for different amounts in any year of the project.					
YEAR 1 Personnel (salaries / pay)					
Position Title	**Hourly Wage**	**# Hours a Week Worked on Project**	**# Weeks a Year Worked on Project**	**Total Wages**	**Why is this staff person required for your program / project? What will they do?**
Example - Position below has an hourly wage of $20/hr and will work 25 hrs/week for 40 weeks on the proposed project.					*NOTE: The minimum hourly wage is $18.47 in unincorporated Los Angeles County, and $18.42 in the City of Los Angeles. Minimum wage is required.*
Administrative Coordinator	*$ 20.00*	*12*	*40*	*$ 9,600.00*	*Coordinates all strategic plan meetings, arranges travel and secures transportation, creates and provides agendas and all materials.*
Program Director	$ 62.00	5	45	$ 13,950.00	
Program Coordinator	$ 37.00	10	45	$ 16,650.00	
Program Assistant	$ 20.00	5	45	$ 4,500.00	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
			Year 1 Subtotal Salaries/Pay	**$ 35,100.00**	
FRINGE BENEFITS - maximum 30% Input your Fringe Benefits percentage in adjacent green cell -->	**30.00%**			$ 10,530.00	
			Year 1 Total Personnel	**$ 45,630.00**	
YEAR 1 Non-personnel (services & supplies)					
Expense Type	**Monthly Cost**	**# Months (12 max - Year 1)**		**Total Services & Supplies**	**Why is this item needed for your program / project? What will it do?**
Rent				$ -	
Office Supplies (pens, clips, paper, etc.)				$ -	
Communications (cell phones, etc.)				$ -	
Equipment (computer/printer)				$ -	
Staff Training				$ -	
Mileage				$ -	
Supplies for Clients (different from Office Supplies)				$ -	
Insurance Costs				$ -	
Subcontractors/ Consultants/ Partner Orgs	$ 5,000.00	12.00		$ 60,000.00	
Client Stipends/Internships				$ -	
Transportation				$ -	
Utilities				$ -	
Other Costs - list the item and the cost below:					
				$ -	
				$ -	

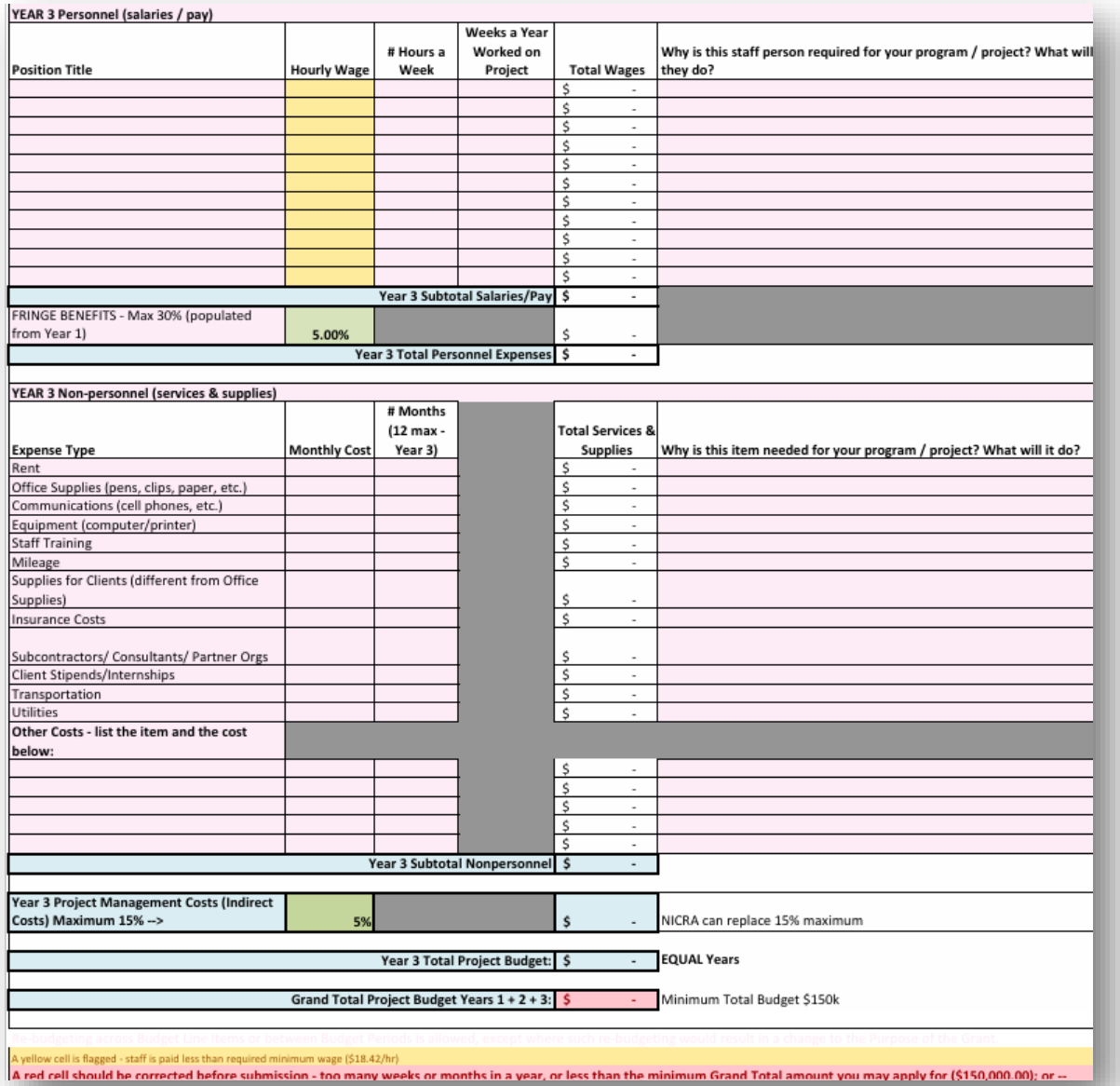
THEAPPLICATION-BUDGET TEMPLATE

YEAR 2 Personnel (salaries / pay)					
Position Title	Hourly Wage	# Hours a Week	Weeks a Year Worked on Project	Total Wages	Why is this staff person required for your program / project? What will they do?
Boss				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
			Year 2 Subtotal Salaries/Pay	$ -	
FRINGE BENEFITS - Max 30% (populated from Year 1)	5%			$ -	
			Year 2 Total Personnel	$ -	

YEAR 2 Non-personnel (services & supplies)					
Expense Type	Monthly Cost	# Months (12 max - Year 2)		Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent				$ -	
Office Supplies (pens, clips, paper, etc.)				$ -	
Communications (cell phones, etc.)				$ -	
Equipment (computer/printer)				$ -	
Staff Training				$ -	
Mileage				$ -	
Supplies for Clients (different from Office Supplies)				$ -	
Insurance Costs				$ -	
Subcontractors/ Consultants/ Partner Orgs				$ -	
Client Stipends/Internships				$ -	
Transportation				$ -	
Utilities				$ -	
Other Costs - list the item and the cost below:					
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
			Year 2 Subtotal Nonpersonnel	$ -	
Year 2 Project Management Costs (Indirect Costs) Maximum 15% -->	5.00%			$ -	NICRA can replace 15% maximum
			Year 2 Total Project Budget:	$ -	EQUAL Years

NOTE: The Total Project Budget for EACH YEAR must be identical. You may not ask for different amounts in any year of the project.

THEAPPLICATION-BUDGET TEMPLATE



YEAR 3 Personnel (salaries / pay)

Position Title	Hourly Wage	# Hours a Week	Weeks a Year Worked on Project	Total Wages	Why is this staff person required for your program / project? What will they do?
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
			Year 3 Subtotal Salaries/Pay	$ -	
FRINGE BENEFITS - Max 30% (populated from Year 1)	5.00%			$ -	
			Year 3 Total Personnel Expenses	$ -	

YEAR 3 Non-personnel (services & supplies)

Expense Type	Monthly Cost	# Months (12 max - Year 3)	Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent			$ -	
Office Supplies (pens, clips, paper, etc.)			$ -	
Communications (cell phones, etc.)			$ -	
Equipment (computer/printer)			$ -	
Staff Training			$ -	
Mileage			$ -	
Supplies for Clients (different from Office Supplies)			$ -	
Insurance Costs			$ -	
Subcontractors/ Consultants/ Partner Orgs			$ -	
Client Stipends/Internships			$ -	
Transportation			$ -	
Utilities			$ -	
Other Costs - list the item and the cost below:				
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
		Year 3 Subtotal Nonpersonnel	$ -	
Year 3 Project Management Costs (Indirect Costs) Maximum 15% -->	5%		$ -	NICRA can replace 15% maximum
		Year 3 Total Project Budget:	$ -	**EQUAL Years**
		Grand Total Project Budget Years 1 + 2 + 3:	$ -	Minimum Total Budget $150k

Re-budgeting across Budget Line Items or between Budget Periods is allowed, except where such re-budgeting would result in a change to the Purpose of the Grant.

A yellow cell is flagged - staff is paid less than required minimum wage ($18.42/hr)

A red cell should be corrected before submission - too many weeks or months in a year, or less than the minimum Grand Total amount you may apply for ($150,000.00); or --

THE APPLICATION-BUDGET TEMPLATE

COMPOSITE BUDGET (Total Y1-Y3)

(DO NOT MODIFY THIS SECTION. This section will automatically populate based on the responses entered above.)

Name of Organization:	0
Program Area:	0

Total for all years 1 - 3 Personnel (salaries / pay)

Position Title	Hourly Wage	# Hours a Week	Weeks a Year Worked on Project	Total Wages	Positions
Year 1 Staff Salaries and Wages				$ -	
Year 2 Staff Salaries and Wages				$ -	
Year 3 Staff Salaries and Wages				$ -	
Years 1 - 3 Subtotal Staff Salaries and Wages				$ -	
FRINGE BENEFITS Maximum of 30% of staff salary - generated by Year 1 fringe input	5.00%			$ -	
Years 1 - 3 Total Personnel				$ -	

Total for all years 1 - 3 Non-personnel (services & supplies)

	Monthly Cost	# Months (12 max - Year 3)	Total Services & Supplies	Why is this item needed for your program / project? What will it do?
Rent			$ -	
Office Supplies (pens, clips, paper, etc.)			$ -	
Communications (cell phones, etc.)			$ -	
Equipment (computer/printer)			$ -	
Staff Training			$ -	
Mileage			$ -	
Supplies for Clients (different from Office Supplies)			$ -	
Insurance Costs			$ -	
Subcontractors/Consultants			$ -	
Client Stipends/Internships			$ -	
Transportation			$ -	
Utilities			$ -	
Other Costs - list the item and the cost below:				
			$ -	
			$ -	
			$ -	

THE APPLICATION-BUDGET TEMPLATE

Unallowed Costs

You may not use CFCI funds through this funding opportunity to pay for the following:

Advertising - you cannot use these funds for commercials, print ads, or marketing materials designed to raise the profile of your organization.
(You may print flyers or other information about your program for distribution)
Alcohol
Capital costs and expenditures for acquiring and/or improving land and/or buildings (may not be applicable to some program areas)
Debt - you cannot use these funds to pay back bad debts or losses from uncollectible accounts, collection costs, nor related legal costs
Gambling (including lottery tickets)
Goods or services for personal use of the organization's employees
Housing for the organization's employees
Lobbying
Losses on other awards
Organization costs - brokers' fees, fees to promoters, incorporation fees, management consultants, attorneys related to the establishment of the organization

Supplanting - you cannot use these funds to replace or as a substitute for funds already being used to supply services. You may use funds to expand those same services, but not to replace the funding you already receive.
Other items as defined by the United States Office of Management and Budget and Los Angeles County

YEAR 5 PRIORITY CRITERIA

Organizations with annual operating budgets under $1,500,000

- Organizations with annual budgets of over $1,500,000 will be considered for decisions after smaller organizations with annual budgets under $1,500,000 have been reviewed, scored and awarded subject to available funding.
- 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 that completed the Justice, Care and Opportunities Department (JCOD) Incubation Academy.

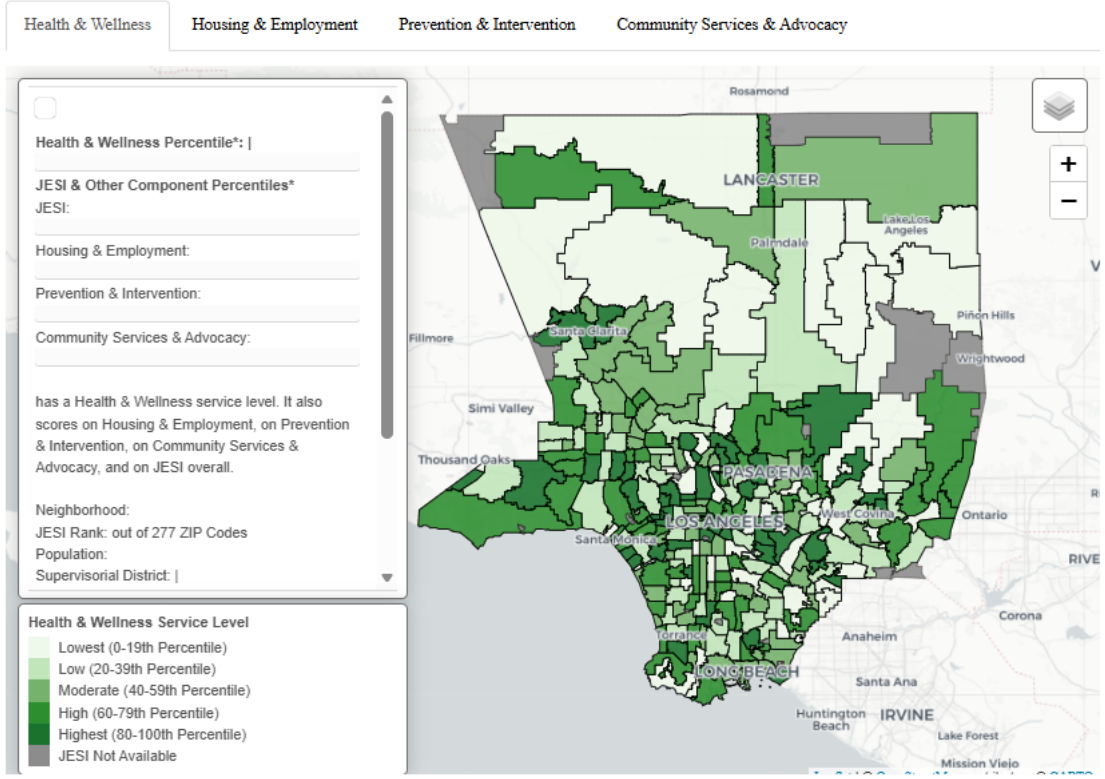
Past performance as a CFCI grantee

- 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.

YEAR 5 PRIORITY CRITERIA - GEOGRAPHY

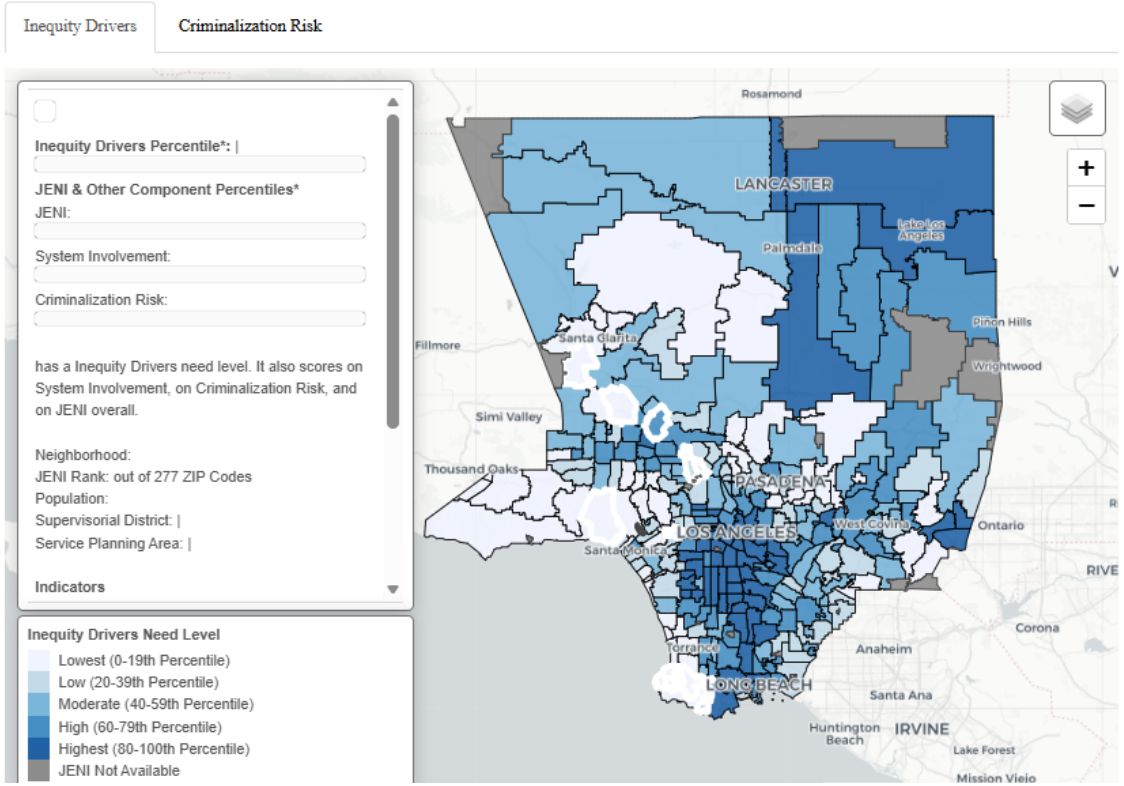
ORGANIZATIONS SERVING HIGHEST NEED, LOWEST SERVICES ZIP CODES USING JENI & JESI INDICES

Justice Equity Services Index (JESI) Component Results



https://www.catalystcalifornia.org/campaign-tools/maps-and-data/justice-equity-services-index

Justice Equity Need Index Component Results



https://www.catalystcalifornia.org/campaign-tools/maps-and-data/justice-equity-need-index

REVIEW AND AWARD PROCESS – ELIGIBILITY/PRIORITY SCREENING

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 points
Organization has never received a Los Angeles County contract for services.	5 points
Organization services are provided in LA County in high-need, low service areas and populations.	10 points
If a current grantee, organization has performed well in its first round of CFCI funding	10 points
The organization's executive board and leadership live in Los Angeles and reflect the Native American and Indigenous communities they serve.	15 points
Organization has never received CFCI funding in any funding opportunity round.	5 points
Organization has completed the Los Angeles County Incubation Academy (any cohort)	5 points
POINTS POSSIBLE	**60 priority points**

REVIEW AND AWARD PROCESS – SCORING RUBRIC

External Review	Pts 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 pts; 5-9 years = 10 pts; 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 Los Angeles County	15 points
TOTAL POINTS POSSIBLE	**120 points**

TECHNICAL ASSISTANCE

HOW WE WILL HELP

- We will provide a recording of the information presented
- We will provide and update FAQ answers publicly
- We will respond to emails/voicemails with questions specific to an applicant
- We will host office hours
- We will treat every applicant fairly and equitably
- Should you require language assistance or any other reasonable accommodations please contact us

HOW WE CANNOT HELP

- We cannot directly fill out your application or your supporting documentation

Email:

CFCIcaregrants@communitypartners.org

Phone:

(213) 900 - 6857

TECHNICAL ASSISTANCE

Virtual Webinars

- Wednesday, July 29 - 2:00 PM
- Wednesday, August 5 - 6:00 PM
- Wednesday, August 12 - 10:00 AM

Virtual Office Hours

- Thursday, July 30 - 11:00 AM
- Tuesday, August 4 - 11:00 AM
- Thursday, August 6 - 11:00 AM
- Tuesday, August 11 - 6:00 PM
- Thursday, August 13 - 11:00 AM
- Tuesday, August 18 - 11:00 AM
- Wednesday, August 19 - 6:00 PM
- Thursday, August 20 – 11:00 AM

Questions?

Email:

CFCIcaregrants@communitypartners.org

Phone:

(213) 900 - 6857

LOS ANGELES COUNTY

JUSTICE CARE AND OPPORTUNITIES

DEPARTMENT

HOW DID WE DO?

TAKE A QUICK POLL

Community PARTNERS®