

The 2015 Placer County Community Recidivism Reduction Grant Application

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Application Checklist

Applications must be in the form of a package containing a complete response and all required supporting information and documents. Each application will be a public record that will be subject to disclosure under the California Public Records Act (Government Code, § 6250, et seq.).

Each responder must submit one (1) original package and seven (7) complete copies with attachments included, unless otherwise noted.

Response materials are to be double-spaced on 8 1/2" x 11" paper (recycled preferred) with no less than 1" margins on all sides using an easy-to-read 12-point font. Original signatures must be provided in **blue ink only**.

Pages must be stapled together and numbered consecutively. Sections must be identified with an appropriate header.

Documents and materials are to be fully completed and attached in the order indicated in the Application Checklist below.

The organization financial summary and organization balance sheet summary included below may be used, or most recent (within eighteen months of date of application) audited financial statement may be substituted.

Please make sure all of the following information (**excluding this page**) is submitted in the listed order and in the requested format.

- Cover Sheet
- Proposal Narrative (up to 4 pages)
- Board of Directors/Governing Body List
- Project Budget
- Organization Financial Summary (may be omitted with submission of audited financials)
- Organization Balance Sheet (may be omitted with submission of audited financials)

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Cover Sheet

Legal Name of Applicant Organization: _____

Project Name (if applicable): _____

Funds will pay for: _____

Full Mailing Address: _____

Location(s) if different from above: _____

Executive Director: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Person & Title: _____ Phone: _____

This Grant Request: \$ _____ Total Project Budget: \$ _____

Grant Period from: _____ To: _____

Total Organizational Budget for Current Year: \$ _____ Fiscal year begins: _____

Summarize the organization's mission statement (two to three sentences): _____

Summarize your grant request (two to three sentences):

Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

Signature _____ Name & Title of Authorized Board/Governing Body Representative _____ Date _____

Signature _____ Name & Title of Authorized Board/Governing Body Representative _____ Date _____

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Proposal Narrative

Directions: Limit your Proposal Narrative to **four (4) pages maximum, with 1 inch margins, 12 point font or larger**. Fill in each section using the specific questions below as boldface headings with your responses in normal text.

Background (One page or less)

1. Your organization's history and accomplishments. Please be sure to include a description of how your agency demonstrates a five (5) year or longer history of providing services as described in the California Penal Code 1233.10(c)(2) targeting the populations described in California Penal Code 1233.10(b).
2. Your current programs and activities. Include the constituency you serve, with specific demographic information. How are they actively involved in your organization and/or how do they benefit from your organization's work?
3. Your organization's relationships – both formal and informal – with other organizations working to meet the same need. In what way does your work differ from that of other organizations?

Funding Request

1. What need or problem as discussed in California Penal Code 1233.10(c)(2) does your project work to address?
2. In a short paragraph, tell us your project's (or organization's) goals and the specific outcomes you project for the grant period (i.e. numbers served, behavior or attitudes changed, capital project completed, etc.).
3. Describe your project, including:
 - Whether the project is new, ongoing or an expansion
 - Target audience, including specific demographic information
 - Activities/strategies that will be used to meet your stated outcomes
 - General timeline for the main objectives of your project
4. If this is a request for General Support, what are your organization's most pressing needs?
5. How do you plan to evaluate the effectiveness or impact of the project?
6. Summarize the skills and relevant experience of key staff/volunteers essential to the project's success. If other organizations are collaborating on this project, note which ones and in what ways.
7. If full funding is not available, what is the contingency plan for securing additional support and/or how can you modify your proposal? Please provide a budget narrative to describe what your budget provides.

The 2015 Placer County Community Recidivism Project Budget

Organization Name: _____
 Name of Project (if different): _____
 Budget dates for grant period: _____

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
TOTAL INCOME				

List the In-Kind (non-cash) contributions: _____

EXPENSES

Item	Total Project (\$)	This Request (\$)	Notes
TOTAL EXPENSES			

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.

The 2015 Placer County Community Recidivism Organization Financial Summary

Organization Name: _____ Fiscal Year Dates: _____

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Prior Year's Actual	Projected Annual Budget (\$)	YTD Actual (\$) as of []
TOTAL INCOME			

List the In-Kind (non-cash) contributions: _____

EXPENSES

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.

Item	Prior Year's Actual	Annual Budget (\$)	YTD Actual (\$) as of []
TOTAL EXPENSE			
NET PROFIT OR LOSS			

Total Capital Expenses			
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i.e., computers, vehicles, building improvements, etc.:

Notes:

The 2015 Placer County Community Recidivism
Organization Balance Sheet Summary

ASSETS	MOST CURRENT (\$) as of []	PRIOR YEAR CLOSE (\$)
Current Assets		
Cash and Equivalents		
Accounts Receivable		
Prepaid Expenses		
Inventory		
Grants/Pledges Receivable		
Other		
Fixed Assets (Net)		
Property		
Buildings		
Equipment		
Investments		
Endowments		
Other		
TOTAL ASSETS		
LIABILITIES		
Current Liabilities		
Accounts Payable		
Accrued Expenses		
Long Term Debt (Current Portion)		
Short Term Debt		
Other		
Long Term Debt (over a year)		
Loan		
Other		
TOTAL LIABILITIES		
Net Assets		
Unrestricted		
Temporarily Restricted		
Permanently Restricted		
TOTAL LIABILITIES AND NET ASSETS		